| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Alfrey , Kerry | New Beginnings Family Services | 620 N Webb Rd Grand Island NB 68803 | (308)675-0060 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ dential Services Outpatient - Family; Juvenile Non-Residential Ser reatment | urring Treatment; Juve | nile Non-Residential |
| | 1 137 | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental g; Assessment: Pre-Treatment Assessment (Medicaid); Assessme Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental | ent: Mental Status Exar | |
| Other Services: | | | | |
| Arnett Nickolaus, Theresa | SOZO Family Services | 616 13th St Suite 110 Aurora NB 68818 | (402)631-7267 | (402)694-4199 |
| | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; ht - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | Services Outpatient - |
| | Outpatient Therapy; Co-Occurring | | | |
| | Health; Assessment: Mental Status Exam (MSE); | ental Health; Outpatient Therapy - Eating Disorder; Intensive Outp ; Outpatient Therapy - Individual-Mental Health | atient: Intensive Outpa | tient Therapy-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Arroyo-Herrera, Adriana | Arroyo-Stoltenberg Counseling | 706 W Koenig St Grand Island NB 68801 | (308)370-3678 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Int - Family; Adult Non-Residential Services Outpatient - Individual rices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juve | Adult Non-Residential | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Babutzke, Jamie | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (402)463-5684 | (402)463-5686 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental | Adult Non-Residential vices Substance Abus Non-Residential Servic ring Treatment; Juveni Health; Outpatient The | Services Outpatient e Evaluations; Juvenil es Outpatient - Family le Non-Residential |
| Other Services: | Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; | aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-M | lental Health | |

| Name | Agency | Address | Phone | Fax |
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| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial) | ult Non-Residential | Services Outpatient - |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental H essment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C ucation Class; Outpatient Therapy - Individual-Mental Health | | |
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| | | aluations; Juvenile Assessment Services Substance Abuse Evaluatio Co-Occurring; Adults who Sexually Harm Evaluation | ons | |
| Cammon-Larson, Jennifer | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | (308)385-5271 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Chavez, Sara | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | (402)463-5686 |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatier | | ing Treatment; Adult | t Non-Residential |

| Name | Agency | Address | Phone | Fax |
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| Crouse, Brian | Catalyst2 | 2727 W 2nd St, STE 201 Hastings NB 68901 | (402)310-5607 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor o-Occurring Treatment; Juvenile Non-Residential Services Intensive (| lult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile as Outpatient - Family; |
| Mental Health Services: | | Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation | (C/O); Pre-Treatmer | t Assessment (bio- |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-C tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - In | Co-occurring; Assess | sment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 1 2 7 | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | H); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Asse | tion; Psychological Evaluation ental Health; Outpatient Therapy including Family Sessions-Mental He essment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; A ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Thera | Assessment: Mental | Status Exam (MSE); |
| Other Services: | | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| EagleFeather Moreno, | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | | vices Outpatient - |
| Mental Health Services | Family; Adult Non-Residential Services Outpatier Crisis Phone Line; Outpatient Therapy; Pre-Treat | It - Individual; Adult Non-Residential Services Intensive Outpatient Trement Assessment (bio-psychosocial) | eatment | |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; Bilingual Services; | | | |
| | Chung i ce ocale, Dinngual Cervices, | | | |

| Name | Agency | Address | Phone | Fax |
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| Eigenberg, Amy | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Educat ent - Individual; Adult Non-Residential Services Outpatient - Co- e Non-Residential Services Intervention/Education; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-C | Occurring Treatment; Juve on-Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring; Adults who Sexually Harm I | Evaluation | |
| Juvenile Services: | | Aental Health; Outpatient Therapy - Youth Who Sexually Harm; ment: Mental Status Exam (MSE); Assessment: Juvenile Who S lental Health | | |
| Other Services: | | | | |
| Florez, Thomas | New Beginnings Family Services | 620 N Webb Rd Grand Island NB 68803 | (308)675-0060 | (308)339-1621 |
| | | valuations; Adult Non-Residential Services Outpatient - Groups ent - Individual; Adult Non-Residential Services Outpatient - Co- t (bio-psychosocial): Co-Occurring | | rvices Outpatient - |
| | 1 137 | Iental Health; Outpatient Therapy including Family Sessions-M | ental Health; Assessment: (| Co-Occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Franssen, Tracee | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | (308)675-3342 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Educat ent - Individual; Adult Non-Residential Services Outpatient - Co- Residential Services Outpatient - Family; Juvenile Non-Residen Treatment | Occurring Treatment; Juve | nile Non-Residential |
| | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy including Family Sessions-M | : (bio-psychosocial); Co-Occurring /lental Health; Outpatient Therapy - Co-occurring; Assessment: | Pre-Treatment Assessmer | nt (Medicaid); |
| Juvenile Services: | 1 137 | : (bio-psychosocial); Co-Occurring /lental Health; Outpatient Therapy - Co-occurring; Assessment: | Pre-Treatment Assessmer | nt (Medicaid); |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Assessment: Co-Occurring; Outpatient Therapy | : (bio-psychosocial); Co-Occurring /lental Health; Outpatient Therapy - Co-occurring; Assessment: | Pre-Treatment Assessmer (308)237-5951 | nt (Medicaid); (308)237-5953 |
| Juvenile Services: Other Services: Hock, Sarah | Outpatient Therapy including Family Sessions-M Assessment: Co-Occurring; Outpatient Therapy Sliding Fee Scale; South Central Behavioral Services Adult Assessment Services Substance Abuse Er Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juveni | t (bio-psychosocial); Co-Occurring Mental Health; Outpatient Therapy - Co-occurring; Assessment: - Individual-Mental Health PO Box 1716 Kearney NB 68848 valuations; Adult Non-Residential Services Outpatient - Groups ent - Individual; Adult Non-Residential Services Outpatient - Co- ile Assessment Services Substance Abuse Evaluations; Juveni Family; Juvenile Non-Residential Services Outpatient - Individu | (308)237-5951 ; Adult Non-Residential Se Occurring Treatment; Adul le Non-Residential Service: | (308)237-5953 rvices Outpatient - t Non-Residential s Outpatient - Groups |
| Juvenile Services: Other Services: Hock, Sarah Substance Abuse Services: | Outpatient Therapy including Family Sessions-M Assessment: Co-Occurring; Outpatient Therapy Sliding Fee Scale; South Central Behavioral Services Adult Assessment Services Substance Abuse Er Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juveni Juvenile Non-Residential Services Outpatient - F Co-Occurring Treatment; Juvenile Non-Resident | t (bio-psychosocial); Co-Occurring Mental Health; Outpatient Therapy - Co-occurring; Assessment: - Individual-Mental Health PO Box 1716 Kearney NB 68848 valuations; Adult Non-Residential Services Outpatient - Groups ent - Individual; Adult Non-Residential Services Outpatient - Co- ile Assessment Services Substance Abuse Evaluations; Juveni Family; Juvenile Non-Residential Services Outpatient - Individu | (308)237-5951 s; Adult Non-Residential Se Occurring Treatment; Adul le Non-Residential Service al; Juvenile Non-Residentia | (308)237-5953 rvices Outpatient - t Non-Residential s Outpatient - Groups |
| Juvenile Services: Other Services: Hock, Sarah Substance Abuse Services: Mental Health Services: | Outpatient Therapy including Family Sessions-M Assessment: Co-Occurring; Outpatient Therapy Sliding Fee Scale; South Central Behavioral Services Adult Assessment Services Substance Abuse Er Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juveni Juvenile Non-Residential Services Outpatient - F Co-Occurring Treatment; Juvenile Non-Resident Outpatient Therapy; Juvenile Pre-Treatment Ass Outpatient Therapy including Group Sessions-M | t (bio-psychosocial); Co-Occurring Mental Health; Outpatient Therapy - Co-occurring; Assessment: - Individual-Mental Health PO Box 1716 Kearney NB 68848 valuations; Adult Non-Residential Services Outpatient - Groups ent - Individual; Adult Non-Residential Services Outpatient - Co- ile Assessment Services Substance Abuse Evaluations; Juveni Family; Juvenile Non-Residential Services Outpatient - Individu tial Services Intensive Outpatient Treatment | (308)237-5951 s; Adult Non-Residential Se Occurring Treatment; Adul le Non-Residential Service: al; Juvenile Non-Residentia); Co-Occurring ental Health; Outpatient The | (308)237-5953 rvices Outpatient - t Non-Residential s Outpatient - Groups al Services Outpatient erapy - Co-occurring; |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (308)339-0962 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment tient - Family; Juvenil |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | eatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatment Mediation; Outpatient Therapy - Individual-Mental Health | th; Intensive Outpati ent: Pre-Treatment A | ent: Intensive ssessment (Medicaio |
| Other Cardina | | | | |

Other Services:

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Maxson, Thomas | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education ant - Family; Adult Non-Residential Services Outpatient - Individua Services Substance Abuse Evaluations; Juvenile Non-Residential uvenile Non-Residential Services Outpatient - Family; Juvenile No Co-Occurring Treatment | al; Adult Non-Residential S Services Intervention/Edu | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | aluation; Psychological Eva | luation |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Ment ng; Assessment: Pre-Treatment Assessment (Medicaid); Assessn Who Sexually Harm Risk Assessment; Assessment: Co-Occurrin | nent: Mental Status Exam | (MSE); Assessment: |
| Other Services: | | | | |
| McMaster, Brianna | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| Substance Abuse Services. | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc le Assessment Services Substance Abuse Evaluations; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occ | curring Treatment; Adult N Non-Residential Services (| Ion-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Outpatient Th | nerapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| McNichols, Stephanie | | 422 N Hastings Ave, Suite 206 Hastings NB 68901 | (402)440-6496 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential S ervices Substance Abuse I e Non-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Ment | al Health; Outpatient Thera | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Miller, Martin K | VA-Western Iowa Health Care | 2201 N. Broadwell Ave Grand Island NB 68803 | (308)382-3660 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | |

Services Intensive Outpatient Treatment; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential

Mental Health Services: Outpatient Therapy; Acute Inpatient; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | | | |
| Other Services: | | | | |
| Miller, Martin K | | 225 N. St. Joseph Ave. Hastings NB 68901 | (402)463-5075 | (402)463-5073 |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Intervention/Education atient - Family; Adult Non-Residential Services Outpatient - Individua | | |
| Mental Health Services: | • | reatment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Mucklow, Greg | Greg Mucklow | 2217 West 12th Street suite 4 Hastings NB 68901 | (308)238-1428 | (402)939-0956 |
| | | atient - Family; Adult Non-Residential Services Outpatient - Individua | | |
| | Co-Occurring Treatment; Juvenile Assessmen Non-Residential Services Outpatient - Groups Juvenile Non-Residential Services Outpatient Outpatient Therapy; Juvenile Pre-Treatment A Occurring; Adults who Sexually Harm Evaluati | t Services Substance Abuse Evaluations; Juvenile Non-Residential ; Juvenile Non-Residential Services Outpatient - Family; Juvenile N - Co-Occurring Treatment ssessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | I Services Intervention/Eco lon-Residential Services (eatment Assessment (bio | lucation; Juvenile Outpatient - Individual -psychosocial); Co- |
| Juvenile Services: | Co-Occurring Treatment; Juvenile Assessmen Non-Residential Services Outpatient - Groups Juvenile Non-Residential Services Outpatient Outpatient Therapy; Juvenile Pre-Treatment A Occurring; Adults who Sexually Harm Evaluati Outpatient Therapy - Co-occurring; Assessme | t Services Substance Abuse Evaluations; Juvenile Non-Residential ; Juvenile Non-Residential Services Outpatient - Family; Juvenile N - Co-Occurring Treatment ssessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre on | I Services Intervention/Eco lon-Residential Services (eatment Assessment (bio | lucation; Juvenile Outpatient - Individual -psychosocial); Co- |
| Juvenile Services: Other Services: Mucklow, Greg | Co-Occurring Treatment; Juvenile Assessmen Non-Residential Services Outpatient - Groups Juvenile Non-Residential Services Outpatient Outpatient Therapy; Juvenile Pre-Treatment A Occurring; Adults who Sexually Harm Evaluati Outpatient Therapy - Co-occurring; Assessme Outpatient Therapy - Individual-Mental Health South Central Behavioral Services Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Educati Juvenile Non-Residential Services Outpatient | t Services Substance Abuse Evaluations; Juvenile Non-Residential ; Juvenile Non-Residential Services Outpatient - Family; Juvenile N - Co-Occurring Treatment ssessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre on nt: Pre-Treatment Assessment (Medicaid); Assessment: Mental Sta | I Services Intervention/Ec lon-Residential Services (eatment Assessment (bio atus Exam (MSE); Assess (402)463-5684 n; Adult Non-Residential al; Adult Non-Residential services Substance Abuse e Non-Residential Servic | Jucation; Juvenile Outpatient - Individual -psychosocial); Co- sment: Co-Occurring; (308)237-5953 Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: Other Services: Mucklow, Greg | Co-Occurring Treatment; Juvenile Assessmen Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Outpatient Therapy; Juvenile Pre-Treatment A Occurring; Adults who Sexually Harm Evaluati Outpatient Therapy - Co-occurring; Assessme Outpatient Therapy - Individual-Mental Health South Central Behavioral Services Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Educati Juvenile Non-Residential Services Outpatient Services Intensive Outpatient Treatment | t Services Substance Abuse Evaluations; Juvenile Non-Residential ; Juvenile Non-Residential Services Outpatient - Family; Juvenile N - Co-Occurring Treatment ssessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre on nt: Pre-Treatment Assessment (Medicaid); Assessment: Mental Sta 616 W 5th St Hastings NB 68901 Evaluations; Adult Non-Residential Services Intervention/Education atient - Family; Adult Non-Residential Services Outpatient - Individua al Services Intensive Outpatient Treatment; Juvenile Assessment S on; Juvenile Non-Residential Services Outpatient - Groups; Juvenile | I Services Intervention/Ec lon-Residential Services (eatment Assessment (bio atus Exam (MSE); Assess (402)463-5684 n; Adult Non-Residential al; Adult Non-Residential services Substance Abuss e Non-Residential Servic curring Treatment; Juveni | lucation; Juvenile Outpatient - Individual -psychosocial); Co- sment: Co-Occurring; (308)237-5953 Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family le Non-Residential |
| Juvenile Services: Other Services: Mucklow, Greg Substance Abuse Services: Mental Health Services: | Co-Occurring Treatment; Juvenile Assessmen Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient Outpatient Therapy; Juvenile Pre-Treatment A Occurring; Adults who Sexually Harm Evaluati Outpatient Therapy - Co-occurring; Assessme Outpatient Therapy - Individual-Mental Health South Central Behavioral Services Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Educati Juvenile Non-Residential Services Outpatient Services Intensive Outpatient Treatment Outpatient Therapy; Juvenile Pre-Treatment A Evaluation Outpatient Therapy including Group Sessions- | t Services Substance Abuse Evaluations; Juvenile Non-Residential ; Juvenile Non-Residential Services Outpatient - Family; Juvenile N - Co-Occurring Treatment ssessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre on nt: Pre-Treatment Assessment (Medicaid); Assessment: Mental Sta 616 W 5th St Hastings NB 68901 Evaluations; Adult Non-Residential Services Intervention/Education tient - Family; Adult Non-Residential Services Outpatient - Individual al Services Intensive Outpatient Treatment; Juvenile Assessment S on; Juvenile Non-Residential Services Outpatient - Groups; Juvenile - Individual; Juvenile Non-Residential Services Outpatient - Co-Occ | I Services Intervention/Ec lon-Residential Services (eatment Assessment (bio atus Exam (MSE); Assess (402)463-5684 n; Adult Non-Residential Services Substance Abuse e Non-Residential Servic curring Treatment; Juveni Co-Occurring; Adults who tal Health; Outpatient The | Jucation; Juvenile Outpatient - Individual -psychosocial); Co- sment: Co-Occurring; (308)237-5953 Services Outpatient - Services Outpatient - Services Outpatient - Evaluations; Juvenil es Outpatient - Family le Non-Residential o Sexually Harm erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
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| Newman, Rocky | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)384-7896 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Patitz, Beverly | New Dimensions Counseling | 223 East 14th, Suite 220 Hastings NB 68901 | (402)519-0159 | (402)463-9169 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations; Juvenile Assessment Services Substance Abuse Evaluati | ons | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | nent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Treatment Assessment (Medicaid); Assessment | Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera :: Mental Status Exam (MSE); Assessment: Co-Occurring; Non-Treating :: Mental Status Exam (MSE); Assessment Exam (MSE); Assessment; Co-Occurring; Non-Treating :: Mental Status Exa | | |
| Other Services: | Treatment: Supervised Visitation; Outpatient The Sliding Fee Scale; | erapy - Individual-Mental Health | | |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Redman, Danielle | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indi | vidual | | |
| Mental Health Services: | | | | |
| | Outpatient Therapy including Family Sessions-N Health | /lental Health; Assessment: Pre-Treatment Assessment (Medicaid); C | Outpatient Therapy - I | ndividual-Mental |
| Other Services: | | | | |
| Rivera, Elia | | 312 North Elm Street Grand Island NB 68801 | (308)383-2208 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatic Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Se Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-I Co-Occurring Treatment | Adult Non-Residentia | Services Outpatien |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M | lental Health; Outpatient Therapy - Co-occurring; Non-Treatment: An | ger Management Cla | ss; Outpatient Thera |
| | - Individual-Mental Health | | | • |

| Name | Agency | Address | Phone | Fax |
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| Rowe, Leisa | Leisa Rowe Counseling | 908 N. Howard Ave, Suite 102 Grand Island NB 68803 | (308)398-6050 | (308)398-6051 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Individual; Adult Non-Residential Services Outpatient | | |
| Mental Health Services: Juvenile Services: Other Services: | | (bio-psychosocial); Co-Occurring | | |
| Schoenefeld, Karrie | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor- idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | Adult Non-Residentia ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Schroeder, Ashley | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Non amily; Juvenile Non-Residential Services Outpatient - Individual; Juv al Services Intensive Outpatient Treatment | ring Treatment; Adul h-Residential Service | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Schurman, Aggie | Goodwill Industries of Greater Nebraska | 835 S Burlington Ave #112 Hastings NB 68901 | (402)463-1467 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Man | agement; Pre-Treatment Assessment (bio-psychosocial); Psycholog | ical Evaluation | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Assessment: Psychological Evaluation; I-Mental Health | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance | | |
| Mandal Haalth Ormitara | Residential Services Outpatient - Groups; Juvenil | | in Druck de sind E | |
| | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | valuation |
| | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessment | ealth; Outpatient The xually Harm; Assess | valuation erapy - Youth Who ment: Pre-Treatment |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessment | ealth; Outpatient The xually Harm; Assess | valuation erapy - Youth Who ment: Pre-Treatment |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpati | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessment | ealth; Outpatient The xually Harm; Assess | valuation erapy - Youth Who ment: Pre-Treatment |
| Juvenile Services: Other Services: Stuehm, Nadine | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpati Sliding Fee Scale; Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluate ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessment ent Therapy - Individual-Mental Health 2608 Oldfair Rd. Grand Island NB 68803 aluations; Adult Non-Residential Services Intervention/Education; Adult on - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Grou | ealth; Outpatient The xually Harm; Assess nt: Juvenile Who Sey (308)865-8738 lult Non-Residential dult Non-Residential vices Intervention/Eco | valuation erapy - Youth Who ment: Pre-Treatment kually Harm Risk Services Outpatient - Services Outpatient - lucation; Juvenile |
| Juvenile Services: Other Services: Stuehm, Nadine Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpati Sliding Fee Scale; Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MF Family; Juvenile Non-Residential Services Outpatie | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluate ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessment ent Therapy - Individual-Mental Health 2608 Oldfair Rd. Grand Island NB 68803 aluations; Adult Non-Residential Services Intervention/Education; Adult on - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Grou | ealth; Outpatient The xually Harm; Assess nt: Juvenile Who Sev (308)865-8738 lult Non-Residential dult Non-Residential vices Intervention/Eco lon-Residential Servi | valuation erapy - Youth Who ment: Pre-Treatment kually Harm Risk Services Outpatient - Services Outpatient - lucation; Juvenile |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---|--|---|-------------------------|--------------------|
| Switzer, Anteshia | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | (402)463-5686 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Thimsen-Villa, Deborah | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (402)984-4508 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Veronee, Tony | | 1040 S. Wabash Ave., Apt. 208 Hastings NB 68901 | (308)737-8952 | |
| | Co-Occurring Treatment; Adult Non-Residential | | Adult Non-Residential S | Services Outpatien |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out occurring; Assessment: Co-Occurring; Outpatien | tpatient: Intensive Outpatient Therapy-Mental Health; Intensive Out t Therapy - Individual-Mental Health | patient: Intensive Outp | atient Therapy-Co |
| Other Services: | | | | |
| Wallace, Cynthia | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | (308)385-5271 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Outpatient - Co-Occurrir | ng Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessmen | t (bio-psychosocial) | |
| Juvenile Services: | | lental Health; Assessment: Pre-Treatment Assessment (Medicaid); ISE); Assessment: Medication Management; Outpatient Therapy - | | |
| Other Constants | | | | |

Other Services: Sliding Fee Scale;

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|--|--|---|--|---|
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Substance Abuse Evaluations; Juvenile Non-Residential S uvenile Non-Residential Services Outpatient - Family; Juvenile Non Co-Occurring Treatment | Adult Non-Residentia ervices Intervention/E | I Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy | ental Health; Outpatient Therapy including Family Sessions-Mental - Individual-Mental Health | Health; Outpatient Th | erapy - Co-occurring; |
| Zerr, Kayla | Goodwill Industries of Greater Nebraska | 835 S Burlington Ave #112 Hastings NB 68901 | (402)469-0745 | |
| Substance Abuse Services: Mental Health Services: | | | | |

Juvenile Services:

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services D | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Resource Outpatient Treatment | Assessment Services Substance Abuse Evaluations; Adult Non-Resider SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non- nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Services, Juvenile Non-Residential Services Intervention/Education; Juver vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- the Services Outpatient - Co-Occurring Treatment; Juvenile Non-the Services Outpatient - Co-Occu | on-Residential Servi ing Treatment; Adul ices Short Term Re nile Non-Residential ient - Family; Juveni | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Co-occurring; Assessment: Pre-Treatme Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental He insive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi ent Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatme | ive Outpatient: Inter | sive Outpatient |
| Other Services. | Sliding Fee Scale; Bilingual Services; | | | |
| Bender, Jennifer | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential | Services Outpatient - ducation; Juvenile |
| | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | eatment Assessmer | t (Medicaid); Non- |

| Name | Agency | Address | Phone | Fax |
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| Bender-Brummels, Jennifer | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; vices Intervention/Education; Juvenile Non-Residential Services O lential Services Outpatient - Individual | Juvenile Assessment S | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Co | o-Occurring; Outpatient | Therapy - Individual |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Inter :: Pre-Treatment Assessment (Medicaid); Assessment: Mental Stat | | |
| Other Services: | | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-M | Health; Outpatient Ther ental Health | apy - Co-occurring; |
| Other Services: | | | | |
| Carmichael, Kirk | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; / nt - Family; Adult Non-Residential Services Outpatient - Individual; ices Substance Abuse Evaluations; Juvenile Non-Residential Serv le Non-Residential Services Outpatient - Family; Juvenile Non-Res patient Treatment | Adult Non-Residential Strices Intervention/Education | Services Intensive tion; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treat | ment Assessment (bio-p | osychosocial); Co- |
| | Outpatient Therapy-Co-occurring; Outpatient The | ental Health; Outpatient Therapy - Co-occurring; Community Treatr arapy - Individual-Mental Health | ment Aide; Intensive Ou | tpatient: Intensive |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health; Assessment: Pre-Treatment Assessment | ental Health; Outpatient Therapy - Eating Disorder; Intensive Outpatie (Medicaid); Assessment: Mental Status Exam (MSE); Outpatient The | ent: Intensive Outpat erapy - Individual-Me | ient Therapy-Mental ental Health |
| Other Services: | Sliding Fee Scale; | | | |
| Clyde, Gina | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Non-Treatment: Intensive Family Preservation; Outpatie | nt Therapy - Individu | ual-Mental Health |
| Other Services: | | | | |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Community Treatment Aide; Non-Treatment: Fan | nily Support Worker | | |
| Other Services: | | | | |
| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Assessment: Mental Status Exam (MSE); Contra | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre- cted Services: Tracker; Non-Treatment: Family Support Worker; Non- ment: Day Reporting; Non-Treatment: Anger Management Class; Nor | Treatment: Intensive | e Family Preservation |
| Other Services: | | | | |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy including Family Sessions-Mental Health | Health; Outpatient Thera | apy - Eating |
| Other Services: | | | | |
| Gadeken, Angela | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Evalua | tions | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Ther ervices: Tracker; Contracted Services: Electronic Monitoring; Non-1 | | |
| Other Services: | | | | |
| Glesinger, Kayla | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juveni | ssessment Services Substance Abuse Evaluations; Adult Non-Resi ups; Adult Non-Residential Services Outpatient - Family; Adult Non- Dccurring Treatment; Adult Non-Residential Services Intensive Outp ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser le Non-Residential Services Outpatient - Family; Juvenile Non-Resi co-Occurring Treatment; Juvenile Non-Residential Services Intensive | Residential Services Ou patient Treatment; Adult vices Intervention/Educa idential Services Outpati | tpatient - Individual; Residential Services ation; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial): Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental by-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - I | | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | 0 | Adult Non-Residential S Abuse Evaluations; Juv | ervices Intensive enile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicai | Health; Outpatient Thera d); Assessment: Co-Occ | apy - Co-occurring; curring; Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | • |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychology | ogical Evaluation; Assess | ment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); F | Psychological Evaluation | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso | ental Health; Outpatient Therapy including Family Sessions-Ment order; Assessment: Pre-Treatment Assessment (Medicaid); Asses nent: Juvenile Who Sexually Harm Risk Assessment; Outpatient 7 | ssment: Mental Status Ex | am (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Ment by-Mental Health; Intensive Outpatient: Intensive Outpatient Ther | | |
| | | ing; Non-Treatment: Intensive Family Preservation; Non-Treatme | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Larson, Beth | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid |); Non-Treatment: Ir | ntensive Family |
| Other Services: | Preservation | | | |
| Other Services. | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens :: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inter Exam (MSE); Out-0 | nsive Outpatient Df-Home: Foster Car |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre- reatment: Anger Management Class; Outpatient Therapy - Individual- | | nent (Medicaid); Non |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Community Treatment Aide; Intensive O Disorder; Intensive Outpatient: Intensive Outpatie Exam (MSE); Contracted Services: Tracker; Com (Except Douglas County); Non-Treatment: Intens | ental Health; Outpatient Therapy including Family Sessions-Mental He Dutpatient: Intensive Outpatient Therapy-Mental Health; Intensive Ou ent Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (tracted Services: Electronic Monitoring; Non-Treatment: Family Supp ive Family Preservation; Non-Treatment: Supervised Visitation; Non- Inger Management Class; Non-Treatment: General Education Class; | tpatient: Intensive O Medicaid); Assessm ort Worker; Non-Tre Treatment: Day Rep | utpatient- Eating ent: Mental Status atment: Tracker orting; Non- |
| Other Services: | Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
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| Morrow, Laurie | Oasis Counseling International | 221 W Douglas O'Neill NB 68763 | (402)379-2030 | |
| Substance Abuse Services: | Adult Non-Residential Services Intervention/Edu | cation; Adult Non-Residential Services Outpatient - Groups | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | | mily Support Worker; Non-Treatment: Supervised Visitation | | |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | ication; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurrin | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | lental Health; Outpatient Therapy including Family Sessions-Me ervation; Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient The | rapy - Eating |
| Other Services: | · · · · · · · · · · · · · · · · · · · | | | |
| Pelster-Hess, Brooke | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educat | | |
| | Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juv | ent - Family; Adult Non-Residential Services Outpatient - Individ s Short Term Residential; Juvenile Assessment Services Subst venile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Intensive Outpatie | ance Abuse Evaluations; Ju Non-Residential Services Ou | venile Non- tpatient - Family; |
| Mental Health Services: | Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juv Juvenile Non-Residential Services Outpatient - In | s Short Term Residential; Juvenile Assessment Services Subst /enile Non-Residential Services Outpatient - Groups; Juvenile N | ance Abuse Evaluations; Ju Non-Residential Services Ou | venile Non- tpatient - Family; |
| | Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juv Juvenile Non-Residential Services Outpatient - In Short Term Residential Outpatient Therapy; Co-Occurring Outpatient Therapy including Group Sessions-M | s Short Term Residential; Juvenile Assessment Services Subst /enile Non-Residential Services Outpatient - Groups; Juvenile N | ance Abuse Evaluations; Ju Non-Residential Services Ou ent Treatment; Juvenile Resi ental Health; Outpatient The | venile Non- tpatient - Family; dential Services rapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
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| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Inten Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Resid dult Non-Residential Services Outpatient - Individual; Adult Non-Resi sive Outpatient Treatment; Adult Residential Services Short Term Re sidential Services Outpatient - Groups; Juvenile Non-Residential Ser enile Non-Residential Services Outpatient - Co-Occurring Treatment; | dential Services Outp esidential; Juvenile A vices Outpatient - Fa | batient - Co-Occurring ssessment Services mily; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| | Intensive Outpatient: Intensive Outpatient Therap Assessment: Psychological Evaluation; Assessm | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid tent: Co-Occurring; Outpatient Therapy - Individual-Mental Health | lealth; Outpatient The); Assessment: Ment | erapy - Co-occurring; al Status Exam (MSE) |
| Other Services: | Sliding Fee Scale; | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog | gical Evaluation | |
| Juvenile Services: | Treatment Assessment (Medicaid); Assessment: | lental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Psychological Evaluation; | apy - Co-occurring; As Assessment: Juveni | ssessment: Pre- ile Who Sexually Harr |
| Other Services: | Risk Assessment; Outpatient Therapy - Individua | al-Mental Health | | |
| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C | 5 | Adult Non-Residential | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | lental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Non-Treatment: Intensive Family Prese | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Net ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | Adult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | I | - |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Ment aid); Outpatient Therapy - Individual-Mental Health | al Health; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens | valuations; Adult Non-Residential Services Outpatient - Groups; A ive Outpatient Treatment; Juvenile Assessment Services Substa le Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | aluation; Psychological E | valuation |
| | Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpat | ental Health; Outpatient Therapy including Family Sessions-Ment ng; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who atus Exam (MSE); Assessment: Psychological Evaluation; Assess ient Therapy - Individual-Mental Health | o Sexually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harr | n Evaluation |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Ment aid); Outpatient Therapy - Individual-Mental Health | al Health; Community Tr | eatment Aide; |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua rvices Intervention/Education; Juvenile Non-Residential Services | al; Juvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abus e Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

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| Name | Agency | Address | Phone | Fax |
| | Intensive Outpatient: Intensive Outpatient Therap Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Menta py-Co-occurring; Assessment: Pre-Treatment Assessment (Medic | | |
| Other Services: | Sliding Fee Scale; | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien ervices Outpatient - Co-Occurring Treatment; Juvenile Assessment Education; Juvenile Non-Residential Services Outpatient - Groups; patient - Individual; Juvenile Non-Residential Services Outpatient - | t - Family; Adult Non-Re t Services Substance Al Juvenile Non-Resident | esidential Services buse Evaluations; ial Services Outpatier |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | atment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Menta aid); Assessment: Co-Occurring; Non-Treatment: Anger Managen | | |
| Other Services: | Sliding Fee Scale; | | | |
| Wright, Chad | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass psychosocial); Adults who Sexually Harm Evalua | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (Y ation | WSH); Pre-Treatment A | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Outpatient: Intensive Outpatient Therapy-Youth | lental Health; Outpatient Therapy - Youth Who Sexually Harm; Co Who Sexually Harm; Assessment: Pre-Treatment Assessment (Me ve Family Preservation; Outpatient Therapy - Individual-Mental He | edicaid); Assessment: J | |
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Other Services: Sliding Fee Scale; Hearing Impaired;

| Name | Agency | Address | Phone | Fax |
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| Brandyberry, Kyle | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential S es Substance Abuse I n-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Individual-Mental Health | | |
| | | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Disorder; Day Treatment Day Treatment-Mental H | ental Health; Outpatient Therapy including Family Sessions-Mental He Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess Therapy India in Martal Health | | |
| Other Services: | Treatment: Anger Management Class; Outpatient Sliding Fee Scale; | Therapy - Individual-Mental Health | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Met | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | dult Non-Residential S es Substance Abuse I n-Residential Services g Treatment; Juvenile | ervices Outpatient - Evaluations; Juvenile Outpatient - Family Non-Residential |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - ndividual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non- Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Dutpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation | | | |
| | Dutpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation Dutpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|---|
| Crouch, Samuel | | 921 W 36th st Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Outpatient - Indivi vices Outpatient - Individual | dual; Juvenile Assessment Se | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-N aid); Assessment: Co-Occurring; Outpatient Therapy - Individ | | rapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Educ: nt - Individual; Juvenile Assessment Services Substance Ab Services Outpatient - Groups; Juvenile Non-Residential Ser | use Evaluations; Juvenile Nor | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatier Co-Occurring; Outpatient Therapy - Individual-Mental Health | | sessment: Pre- |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| | | | | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-I re Family Preservation; Outpatient Therapy - Individual-Ment | | re-Treatment |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-I | | re-Treatment |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment (Medicaid); Non-Treatment: Intensiv | ental Health; Outpatient Therapy including Family Sessions-I | al Health | re-Treatment (308)635-1271 |
| Mental Health Services: Juvenile Services: Other Services: Estrada, Marcia | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment (Medicaid); Non-Treatment: Intensiv Sliding Fee Scale; Cirrus House Inc Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpa Residential Services Intervention/Education; Juve | ental Health; Outpatient Therapy including Family Sessions-I e Family Preservation; Outpatient Therapy - Individual-Ment | al Health (308)635-2256 ation; Adult Non-Residential S es Substance Abuse Evaluatio | (308)635-1271 ervices Outpatient - ons; Juvenile Non- |
| Mental Health Services: Juvenile Services: Other Services: Estrada, Marcia Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment (Medicaid); Non-Treatment: Intensiv Sliding Fee Scale; Cirrus House Inc Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpa Residential Services Intervention/Education; Juve Occurring Treatment | antal Health; Outpatient Therapy including Family Sessions-Nee Family Preservation; Outpatient Therapy - Individual-Ment 1509 1st Ave Scottsbluff NB 69361 raluations; Adult Non-Residential Services Intervention/Educationt co-Occurring Treatment; Juvenile Assessment Service | al Health (308)635-2256 ation; Adult Non-Residential S es Substance Abuse Evaluatio ile Non-Residential Services (| (308)635-1271 ervices Outpatient - ons; Juvenile Non- Dutpatient - Co- |
| Mental Health Services: Juvenile Services: Other Services: Estrada, Marcia Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment (Medicaid); Non-Treatment: Intensiv Sliding Fee Scale; Cirrus House Inc Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpatential Services Intervention/Education; Juve Occurring Treatment Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Nee Family Preservation; Outpatient Therapy - Individual-Ment 1509 1st Ave Scottsbluff NB 69361 raluations; Adult Non-Residential Services Intervention/Educa- tient - Co-Occurring Treatment; Juvenile Assessment Service enile Non-Residential Services Outpatient - Individual; Juven | al Health (308)635-2256 ation; Adult Non-Residential S es Substance Abuse Evaluatio ile Non-Residential Services (p-Treatment Assessment (bio- t: Pre-Treatment Assessment | (308)635-1271 ervices Outpatient - ons; Juvenile Non- Dutpatient - Co- psychosocial); Co- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Estrada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Eval | uations | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | atment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pr sment: Co-Occurring; Outpatient Therapy - Individual-Mental Hea | | nt (Medicaid); |
| Other Services: | | sinche of Occurring, Outpatient merapy - individual Mental nea | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | , | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 2122 Broadway Scottsbluff NB 69361 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individual; Services Substance Abuse Evaluations; Juvenile Non-Residential Treatment | | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | atment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatme | ental Health; Outpatient Therapy including Family Sessions-Ment by-Mental Health; Assessment: Pre-Treatment Assessment (Medi ent: Family Support Worker; Non-Treatment: Supervised Visitation ng; Non-Treatment: Anger Management Class; Non-Treatment: G | caid); Assessment: Mer n; Non-Treatment: Tutor | ital Status Exam ing; Non-Treatment: |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | I; Adult Non-Residential ervices Substance Abus Non-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| | Outpatient Therapy; Pre-Treatment Assessment | | | . . |
| | Assessment: Pre-Treatment Assessment (Medic | ental Health; Outpatient Therapy including Family Sessions-Ment aid); Outpatient Therapy - Individual-Mental Health | al Health; Outpatient The | erapy - Co-occurring |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|----------------------|--|------------------------------------|---------------|---------------------|
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatm Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; | | | ment: Pre-Treatment |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | : General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessen n; Juvenile Non-Residential Services Outpatient - Groups; J Individual; Juvenile Non-Residential Services Outpatient - C | dividual; Adult Non-Residential Se nent Services Substance Abuse E uvenile Non-Residential Services | ervices Outpatient valuations; Juven Outpatient - Fami |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial) | | |
| Juvenile Services: | | lental Health; Outpatient Therapy including Family Sessions caid); Outpatient Therapy - Individual-Mental Health | s-Mental Health; Outpatient Thera | py - Co-occurring |
| Other Services: | Sliding Fee Scale; | · · · | | |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Educatior nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Adult Residential Servic | al; Adult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bender, Jennifer | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Educatior nt - Family; Adult Non-Residential Services Outpatient - Individu ervices Substance Abuse Evaluations; Juvenile Non-Residential uvenile Non-Residential Services Outpatient - Family; Juvenile N o-Occurring Treatment | al; Adult Non-Residential | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Treatment: Intensive Family Preservation; Outpat | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pl tient Therapy - Individual-Mental Health | re-Treatment Assessment | (Medicaid); Non- |
| Other Services: | | | | |
| Bender-Brummels, Jennifer | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid | | al; Juvenile Assessment S | Services Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy - Eating Disorder; Assessment: | Co-Occurring; Outpatient | Therapy - Individual |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| | | aluations; Adult Non-Residential Services Intervention/Educatior nt - Family; Adult Non-Residential Services Outpatient - Individu (bio-psychosocial) | | ervices Outpatient - |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass | ntal Health; Outpatient Therapy including Family Sessions-Men essment: Pre-Treatment Assessment (Medicaid); Assessment: (ucation Class; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | | erapy - Co-occurring; |
| Other Services: | | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Intensive Outpati (Medicaid); Assessment: Mental Status Exam (MSE); Outpatient Th | | |
| Other Services: | Sliding Fee Scale; | | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H e Family Preservation; Outpatient Therapy - Individual-Mental Healt | | Pre-Treatment |
| Other Services: | Bilingual Services; | | | |
| Cornwell, Shelli | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | |
| Mental Health Services: Juvenile Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment; Adult Non- Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | | Individual; Adult Non ial Services Short Te ion; Juvenile Non-Re Dutpatient - Individua | -Residential Services orm Residential; esidential Services I; Juvenile Non- |

| Name | Agency | Address | Phone | Fax |
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| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | - · · · · | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Assessment: Mental Status Exam (MSE); Contract | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre- cted Services: Tracker; Non-Treatment: Family Support Worker; Non- ment: Day Reporting; Non-Treatment: Anger Management Class; Non- | Treatment: Intensive I | amily Preservation |
| Other Services: | | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient Thera | py - Eating |
| Other Services: | Disorder; Outpatient Therapy - Individual-Mental I | Health | | |
| Gadeken, Angela | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations; Juvenile Assessment Services Substance Abuse Evaluatio | ns | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Contracted Se Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap ervices: Tracker; Contracted Services: Electronic Monitoring; Non-Tre | y - Co-occurring; Asse atment: Intensive Fan | essment: Pre- nily Preservation; |
| Other Services: | | | | |
| Glesinger, Kayla | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Short Term Residential; Juvenile Assessment Ser Residential Services Outpatient - Groups; Juvenil | sessment Services Substance Abuse Evaluations; Adult Non-Reside ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re locurring Treatment; Adult Non-Residential Services Intensive Outpat rvices Substance Abuse Evaluations; Juvenile Non-Residential Service on Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment; Juvenile Non-Residential Service (| esidential Services Our ient Treatment; Adult ces Intervention/Educa ential Services Outpation | patient - Individual; Residential Services ition; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy: Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-Me | ntal Health; Outpatient Therapy including Family Sessions-Mental He y-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - Ind | | py - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Griffin, Melissa | Meadows Behavioral Health INC. | 3314 26th St, Ste A Columbus NB 68601 | (402)564-9888 | (402)564-9899 |
| Substance Abuse Services | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co e Non-Residential Services Outpatient - Individual; Juvenile N | Occurring Treatment; Adult | Non-Residential |
| Mental Health Services | : Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Mental Health | ental Health; Outpatient Therapy including Family Sessions-M | ental Health; Outpatient The | erapy - Individual- |
| Other Services | Sliding Fee Scale; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | | dual; Adult Non-Residential tance Abuse Evaluations; J | Services Intensive uvenile Non- |
| | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap Therapy - Individual-Mental Health Sliding Fee Scale; | ental Health; Outpatient Therapy including Family Sessions-M by-Co-occurring; Assessment: Pre-Treatment Assessment (Me | ental Health; Outpatient The edicaid); Assessment: Co-O | erapy - Co-occurring; ccurring; Outpatient |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services | | | | |
| Mental Health Services | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial |); Psychological Evaluation | |
| Juvenile Services | Sexually Harm; Outpatient Therapy - Eating Diso | ental Health; Outpatient Therapy including Family Sessions-M irder; Assessment: Pre-Treatment Assessment (Medicaid); As ient: Juvenile Who Sexually Harm Risk Assessment; Outpatie | sessment: Mental Status Ex | (MSE); |
| Other Services | Sliding Fee Scale; | | | |
| Other Services | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | • | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Jones, James | | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Jones, James Substance Abuse Services Mental Health Services | | | (402)429-1050 | |

| Name | Agency | Address | Phone | Fax |
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| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- ing; Non-Treatment: Intensive Family Preservation; Non-Treatment: A | Co-occurring; Asses | sment: Pre-Treatment |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens : Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inter Exam (MSE); Out-0 | sive Outpatient Df-Home: Foster Care |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre- reatment: Anger Management Class; Outpatient Therapy - Individual- | | ent (Medicaid); Non- |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | ation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H | Health; Outpatient The | erapy - Eating |
| Other Services: | Disorder; Non-Treatment: Intensive Family Prese | ervation; Outpatient Therapy - Individual-Mental Health | | |
| Pelster-Hess, Brooke | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Groups; Juvenile Non-R adividual; Juvenile Non-Residential Services Intensive Outpatient Tra | Adult Non-Residential Abuse Evaluations; J esidential Services O | Services Intensive uvenile Non- utpatient - Family; |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - Ir | | |
| Other Services: | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Man | agement; Pre-Treatment Assessment (bio-psychosocial); Psycholog | gical Evaluation | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Psychological Evaluation I-Mental Health | | |
| Other Services: | | | | |
| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 0 | Adult Non-Residential rvices Intervention/Ec | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Non-Treatment: Intensive Family Prese | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; <i>J</i> Services Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental I aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient The | erapy - Co-occurring; |
| Other Services. | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental I g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who S tus Exam (MSE); Assessment: Psychological Evaluation; Assessme | Health; Outpatient The exually Harm; Assess | erapy - Youth Who ment: Pre-Treatment |
| | - | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; v vices Intervention/Education; Juvenile Non-Residential Services Outpatient | Juvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Other Services: | | | | |
| Thompson, Chelsa | Meadows Behavioral Health INC. | 3314 26th Street STE A Columbus NB 68601 | (402)564-9888 | (402)564-9899 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); 0 | Dutpatient Therapy - I | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| Trotta, Beverly | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 6880 1863 | 02- (402)942-9007 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Mental Health Services: | Outpatient - Individual; Adult Non-Residential So Juvenile Non-Residential Services Intervention/ - Family; Juvenile Non-Residential Services Out | ces Outpatient - Groups; Adult Non-Residential Services Outpati ervices Outpatient - Co-Occurring Treatment; Juvenile Assessme Education; Juvenile Non-Residential Services Outpatient - Group tpatient - Individual; Juvenile Non-Residential Services Outpatier sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-T | ent Services Substance A ps; Juvenile Non-Resident nt - Co-Occurring Treatme | buse Evaluations; tial Services Outpatie ent |
| | Occurring | | , , , , , , , , , , , , , , , , , , , | |
| Juvenile Services: | | Aental Health; Outpatient Therapy including Family Sessions-Me caid); Assessment: Co-Occurring; Non-Treatment: Anger Manag | | |
| Other Services: | Sliding Fee Scale; | | | |
| Wright, Chad | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Aspsychosocial); Adults who Sexually Harm Evalu | sessment (PTA); Juvenile Youth Who Sexually Harm Evaluation ation | (YWSH); Pre-Treatment | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-N Outpatient: Intensive Outpatient Therapy-Youth | Mental Health; Outpatient Therapy - Youth Who Sexually Harm; (Who Sexually Harm; Assessment: Pre-Treatment Assessment (ive Family Preservation; Outpatient Therapy - Individual-Mental | (Medicaid); Assessment: . | |
| Other Services: | Sliding Fee Scale: Hearing Impaired: | ,,,,, | | |

Other Services: Sliding Fee Scale; Hearing Impaired;

| Name | Agency | Address | Phone | Fax |
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| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Educat as Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Adult Non-Reside ducation; Juvenile Non-Residential Services Care Monitoring arvices Outpatient - Family; Juvenile Non-Residential Services uvenile Non-Residential Services Intensive Outpatient Treatment | tient - Family; Adult Non-Resi ntial Services Intensive Outpa SA/MH; Juvenile Non-Resider Outpatient - Individual; Juver | dential Services atient Treatment; ntial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me y-Mental Health; Intensive Outpatient: Intensive Outpatient Th | | |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | | 921 W 36th st Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individu vices Outpatient - Individual | ual; Juvenile Assessment Ser | vices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me aid); Assessment: Co-Occurring; Outpatient Therapy - Individu | | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me | | e-Treatment |
| Other Services: | Assessment (Medicaid); Non-Treatment: Intensiv Sliding Fee Scale; | e Family Preservation; Outpatient Therapy - Individual-Mental | Health | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Educat nt - Individual; Juvenile Assessment Services Substance Abus Services Outpatient - Groups; Juvenile Non-Residential Servi | se Evaluations; Juvenile Non- | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy - Eating Disorder; Outpatient | Therapy - Co-occurring; Asse | essment: Pre- |
| Other Services: | Sliding Fee Scale; | Co-Occurring; Outpatient Therapy - Individual-Mental Health | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|------------------------|---------------------|
| Estrada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluat | ions | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatr | nent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | reatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Intervention/Education; A tient - Co-Occurring Treatment; Juvenile Assessment Services Sub- enile Non-Residential Services Outpatient - Individual; Juvenile Non | stance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatr | nent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | reatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| each, Michael | | 3321 Ave. I, Suite 100 Scottsbluff NB 69361 | (308)762-2723 | (308)217-4277 |
| | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; Adul tient - Co-Occurring Treatment; Juvenile Assessment Services Sub e Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | reatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Mental I nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Inter : Pre-Treatment Assessment (Medicaid); Assessment: Mental Statu | sive Outpatient: Inter | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Individual-Mental Health | hip); Out-Of-Home: Foster Care (Agency Supported); Out-Of-Hor | me: Respite Care; Outpa | tient Therapy - |
| Price, Amanda | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment (Medicaid); Outpatient Therapy - Ind | ental Health; Outpatient Therapy including Family Sessions-Ment | al Health; Assessment: F | Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 2122 Broadway Scottsbluff NB 69361 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential reatment | | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | atment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatme | ental Health; Outpatient Therapy including Family Sessions-Ment by-Mental Health; Assessment: Pre-Treatment Assessment (Medi ent: Family Support Worker; Non-Treatment: Supervised Visitation ng; Non-Treatment: Anger Management Class; Non-Treatment: G | icaid); Assessment: Men n; Non-Treatment: Tutori | tal Status Exam ng; Non-Treatment: |
| Other Services: | Sliding Fee Scale; | | | |
| Roberts, Kelcey | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (605)890-2848 | (775)667-6079 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid |); Outpatient Therapy - Ii | ndividual-Mental |
| Other Services: | | | | |
| Rodriquez-Fletcher, Lori | Options in Psychology, LLC | 2622 Ave C Scottsbluff NB 69361 | (308)632-8547 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Ad tient - Co-Occurring Treatment; Juvenile Assessment Services S e Non-Residential Services Outpatient - Individual; Juvenile Non- | ubstance Abuse Evaluat | ions; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy - Co-occurring; Assessment: Prosment: Co-Occurring; Outpatient Therapy - Individual-Mental Hea | e-Treatment Assessmen lth | t (Medicaid); |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Ind Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Ju ndividual; Juvenile Non-Residential Services Outpatient - Co | ividual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Servic | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions- aid); Outpatient Therapy - Individual-Mental Health | Mental Health; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Grou ive Outpatient Treatment; Juvenile Assessment Services Su le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harn | ibstance Abuse Evaluations; | luvenile Non- |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions- ing; Intensive Outpatient: Intensive Outpatient Therapy-Youth atus Exam (MSE); Assessment: Psychological Evaluation; A | Mental Health; Outpatient The Who Sexually Harm; Assess | erapy - Youth Who ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Taylor, Jennifer | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | (775)667-6079 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Grou nt - Individual; Adult Non-Residential Services Outpatient - C Non-Residential Services Outpatient - Groups; Juvenile No Juvenile Non-Residential Services Outpatient - Co-Occurrir | o-Occurring Treatment; Juve n-Residential Services Outpa | nile Assessment |
| | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; , ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services | Adult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential | - Family; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential e Evaluations; Juvenile Non-Residential Services Intervention/Educ al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment (PTA) De Tenter (Adult Non-Residential Services) | - Family; Adult Non-Re Services Intensive Out ation; Juvenile Non-Re Outpatient - Family; Ju t; Juvenile Non-Reside | sidential Services patient Treatment; sidential Services uvenile Non- |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co | 0 | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental by-Mental Health; Day Treatment Day Treatment-Mental Health; As Class; Non-Treatment: General Education Class; Outpatient Thera | sessment: Pre-Treatm | ent Assessment |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Indir Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Juv ndividual; Juvenile Non-Residential Services Outpatient - Co- (bio-psychosocial); Co-Occurring | vidual; Adult Non-Residential nt Services Substance Abuso renile Non-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-P by-Mental Health; Intensive Outpatient: Intensive Outpatient ing; Non-Treatment: Intensive Family Preservation; Non-Treat ndividual-Mental Health | Therapy-Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Substance Abuse Services. | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Mental Health Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen | ental Health; Outpatient Therapy including Family Sessions-I ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Ment gency Supported); Out-Of-Home: Respite Care; Outpatient T | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-0 | nsive Outpatient Of-Home: Foster Care |
| Mental Health Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Ment | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-0 | nsive Outpatient Of-Home: Foster Care |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Ment | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-0 | nsive Outpatient Of-Home: Foster Care |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Oasis Counseling International | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Ment gency Supported); Out-Of-Home: Respite Care; Outpatient T | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-C herapy - Individual-Mental H | nsive Outpatient Of-Home: Foster Care |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Oasis Counseling International Adult Non-Residential Services Intervention/Educ | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Ment gency Supported); Out-Of-Home: Respite Care; Outpatient T 221 W Douglas O'Neill NB 68763 | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-C herapy - Individual-Mental H | nsive Outpatient Of-Home: Foster Care |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie Substance Abuse Services: Mental Health Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Oasis Counseling International Adult Non-Residential Services Intervention/Educ Outpatient Therapy | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Ment gency Supported); Out-Of-Home: Respite Care; Outpatient T 221 W Douglas O'Neill NB 68763 | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-C herapy - Individual-Mental H | nsive Outpatient Of-Home: Foster Care |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Oasis Counseling International Adult Non-Residential Services Intervention/Educ Outpatient Therapy | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Ment gency Supported); Out-Of-Home: Respite Care; Outpatient T 221 W Douglas O'Neill NB 68763 cation; Adult Non-Residential Services Outpatient - Groups | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-C herapy - Individual-Mental H | nsive Outpatient Of-Home: Foster Care |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Neuhalfen, Kristen | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Oasis Counseling International Adult Non-Residential Services Intervention/Educ Outpatient Therapy Community Treatment Aide; Non-Treatment: Far The Link, Inc. Adult Non-Residential Services Intervention/Educ | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Ment gency Supported); Out-Of-Home: Respite Care; Outpatient T 221 W Douglas O'Neill NB 68763 cation; Adult Non-Residential Services Outpatient - Groups nily Support Worker; Non-Treatment: Supervised Visitation | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-C 'herapy - Individual-Mental H (402)379-2030 (402)371-7213 Adult Non-Residential Service | nsive Outpatient Df-Home: Foster Care ealth es Outpatient - Family |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me ervation; Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Thera | apy - Eating |
| Other Services: | · · · · · · · · · · · · · · · · · · · | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education | raluations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juver adividual; Juvenile Non-Residential Services Outpatient - Co-Out | lual; Adult Non-Residential S Services Substance Abuse I nile Non-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me aid); Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Thera | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | ······································ | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | raluations; Adult Non-Residential Services Outpatient - Groups, ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E | tance Abuse Evaluations; Ju | venile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpat | ental Health; Outpatient Therapy including Family Sessions-Me ig; Intensive Outpatient: Intensive Outpatient Therapy-Youth W itus Exam (MSE); Assessment: Psychological Evaluation; Asse | ental Health; Outpatient Thera ho Sexually Harm; Assessm | apy - Youth Who ent: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | Adult Assessment Services Substance Abuse Ev | voluctional Adult Non Desidential Convises Intervention/Educati | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | ent - Family; Adult Non-Residential Services Outpatient - Individ | | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Crisis Phone Line; Outpatient Therapy; Pre-Treat Outpatient Therapy including Group Sessions-Me | ent - Family; Adult Non-Residential Services Outpatient - Individ tment Assessment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Me sessment: Pre-Treatment Assessment (Medicaid); Assessment | lual; Adult Non-Residential S ental Health; Outpatient Thera | ervices Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Adult Residential Service | l; Adult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia | t - Family; Adult Non-Re | sidential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia e Evaluations; Juvenile Non-Residential Services Intervention/Educ al Services Outpatient - Groups; Juvenile Non-Residential Service enile Non-Residential Services Outpatient - Co-Occurring Treatme | t - Family; Adult Non-Real I Services Intensive Out cation; Juvenile Non-Real s Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services ivenile Non- |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co | - | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Menta by-Mental Health; Day Treatment Day Treatment-Mental Health; A Class; Non-Treatment: General Education Class; Outpatient Thera | ssessment: Pre-Treatme | ent Assessment |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessmen ; Juvenile Non-Residential Services Outpatient - Groups; Juv- ndividual; Juvenile Non-Residential Services Outpatient - Co- (bio-psychosocial): Co-Occurring | vidual; Adult Non-Residential nt Services Substance Abuse enile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-M Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Co-Occurr General Education Class; Outpatient Therapy - I | ental Health; Outpatient Therapy including Family Sessions-M by-Mental Health; Intensive Outpatient: Intensive Outpatient T ring; Non-Treatment: Intensive Family Preservation; Non-Treat | herapy-Co-occurring; Asses | sment: Pre-Treatmen |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| | | | | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Mental Health Services: | Outpatient Therapy including Group Sessions-M Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen | ental Health; Outpatient Therapy including Family Sessions-Mensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Menta gency Supported); Out-Of-Home: Respite Care; Outpatient T | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-0 | sive Outpatient Of-Home: Foster Care |
| Mental Health Services: | Outpatient Therapy including Group Sessions-M Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Menta | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-0 | sive Outpatient Df-Home: Foster Care |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy including Group Sessions-M Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Menta | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-0 | sive Outpatient Df-Home: Foster Care |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie | Outpatient Therapy including Group Sessions-M Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Oasis Counseling International | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Menta gency Supported); Out-Of-Home: Respite Care; Outpatient T | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-C herapy - Individual-Mental H | sive Outpatient Of-Home: Foster Care |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie | Outpatient Therapy including Group Sessions-M Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Oasis Counseling International Adult Non-Residential Services Intervention/Edu | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Menta gency Supported); Out-Of-Home: Respite Care; Outpatient T 221 W Douglas O'Neill NB 68763 | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-C herapy - Individual-Mental H | sive Outpatient Of-Home: Foster Care |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie Substance Abuse Services: Mental Health Services: | Outpatient Therapy including Group Sessions-M Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy Community Treatment Aide; Non-Treatment: Far | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Menta gency Supported); Out-Of-Home: Respite Care; Outpatient T 221 W Douglas O'Neill NB 68763 | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-C herapy - Individual-Mental H | sive Outpatient Of-Home: Foster Care |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy including Group Sessions-M Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy Community Treatment Aide; Non-Treatment: Far | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Menta gency Supported); Out-Of-Home: Respite Care; Outpatient T 221 W Douglas O'Neill NB 68763 cation; Adult Non-Residential Services Outpatient - Groups | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-C herapy - Individual-Mental H | sive Outpatient Of-Home: Foster Care |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Schawang-Smith, Kim | Outpatient Therapy including Group Sessions-M Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy Community Treatment Aide; Non-Treatment: Far Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie | ensive Outpatient: Intensive Outpatient Therapy-Mental Healt t: Pre-Treatment Assessment (Medicaid); Assessment: Menta gency Supported); Out-Of-Home: Respite Care; Outpatient T 221 W Douglas O'Neill NB 68763 cation; Adult Non-Residential Services Outpatient - Groups nily Support Worker; Non-Treatment: Supervised Visitation | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-C herapy - Individual-Mental H (402)379-2030 (402)336-2800 ation; Adult Non-Residential 3 | sive Outpatient Df-Home: Foster Care ealth Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Schawang-Smith, Kim Substance Abuse Services: | Outpatient Therapy including Group Sessions-M Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy Community Treatment Aide; Non-Treatment: Far Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Crisis Stabilization; Outpatient Therapy; Pre-Treat | ensive Outpatient: Intensive Outpatient Therapy-Mental Health t: Pre-Treatment Assessment (Medicaid); Assessment: Menta gency Supported); Out-Of-Home: Respite Care; Outpatient T 221 W Douglas O'Neill NB 68763 cation; Adult Non-Residential Services Outpatient - Groups nily Support Worker; Non-Treatment: Supervised Visitation 221 West Douglas St O'Neill NB 68763 valuations; Adult Non-Residential Services Intervention/Educa | h; Intensive Outpatient: Inter al Status Exam (MSE); Out-C herapy - Individual-Mental H (402)379-2030 (402)336-2800 ation; Adult Non-Residential 3 | sive Outpatient Df-Home: Foster Care ealth Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Ind Services Intensive Outpatient Treatment; Juvenile Assessm ; Juvenile Non-Residential Services Outpatient - Groups; Ju ndividual; Juvenile Non-Residential Services Outpatient - Co | dividual; Adult Non-Residential S ent Services Substance Abuse uvenile Non-Residential Service | Services Outpatient Evaluations; Juveni s Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions aid); Outpatient Therapy - Individual-Mental Health | -Mental Health; Outpatient Ther | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychoso | cial); Adults who Sexually Harm | Evaluation |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions aid); Outpatient Therapy - Individual-Mental Health | -Mental Health; Community Trea | atment Aide; |
| Other Services: | Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Inc | , | |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions sessment: Pre-Treatment Assessment (Medicaid); Assessm | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Alfrey , Kerry | New Beginnings Family Services | 620 N Webb Rd Grand Island NB 68803 | (308)675-0060 | |
| | Family; Adult Non-Residential Services Outpatier Services Outpatient - Groups; Juvenile Non-Resi Residential Services Outpatient - Co-Occurring T | | ing Treatment; Juve es Outpatient - Indiv | nile Non-Residential |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat ental Health; Outpatient Therapy including Family Sessions-Mental H Ig; Assessment: Pre-Treatment Assessment (Medicaid); Assessment Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental He | ealth; Outpatient The : Mental Status Exar | |
| Other Services: | | | | |
| Arroyo-Herrera, Adriana | Arroyo-Stoltenberg Counseling | 706 W Koenig St Grand Island NB 68801 | (308)370-3678 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv Residential Services Outpatient - Groups; Juveni Juvenile Non-Residential Services Intensive Outp | | dult Non-Residential es Intervention/Educ | Services Intensive ation; Juvenile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Babutzke, Jamie | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (402)463-5684 | (402)463-5686 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental H | | erapy - Co-occurring; |
| Other Services: | Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; | aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | ital Health | |
| Boken, Agrini | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)455-0844 | (308)455-1402 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|-----------------------|
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations; Juvenile Assessment Services Substance Ab | ouse Evaluations | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Adults who Sexually Harm Evaluation | | |
| Other Services: | | | | |
| Bomberger, Molly | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)293-0954 | (308)237-5953 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juven | valuations; Adult Non-Residential Services Outpatient - (ent - Individual; Adult Non-Residential Services Outpatier ile Assessment Services Substance Abuse Evaluations; Individual; Juvenile Non-Residential Services Outpatient | t - Co-Occurring Treatment; Adult Juvenile Non-Residential Services | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring; Adults who Sexually I | Harm Evaluation | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bomberger, Molly | Kearney Counseling Associates | 2811 30th Ave. Kearney NB 68845 | (308)237-6865 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpatient | valuations; Adult Non-Residential Services Outpatient - F atient - Co-Occurring Treatment; Juvenile Assessment S ile Non-Residential Services Outpatient - Individual; Juve | ervices Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | | t (bio-psychosocial); Co-Occurring; Adults who Sexually I | Harm Evaluation | |
| Juvenile Services: | | /lental Health; Outpatient Therapy - Youth Who Sexually ment: Juvenile Who Sexually Harm Risk Assessment; As | | curring; Assessmen |
| Other Services: | | | | |
| Carlson, Nancy | Counseling Toward Hope | 710 Burlington Holdrege NB 68949 | (308)995-6691 | (855)995-6830 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/ ent - Individual; Adult Non-Residential Services Outpatier | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Neme | A 20201 | Address | Phone | Fey |
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| Name | Agency | Address | Phone | Fax |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | | | | |
| Other Services. | | | | |
| Chasek, Christine | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)865-8361 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| | Co-Occurring Treatment | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | | | | |
| | | | | |
| Cook, Jill | Jill Cook Counseling | 124 W 46th St Suite 109 Kearney NB 68847 | (308)455-1736 | (308)455-1736 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; Ju rvices Intervention/Education; Juvenile Non-Residential Services Outp Itential Services Outpatient - Individual | venile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Class; Outpatient Therapy - Individual-Mental He | ental Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Non-Treatmen | t: General Education |
| Other Services: | | aut | | |
| Crouch, Marvin | Marv Crouch Counseling Services | 2811 30th Ave Kearney NB 68845 | (308)237-6865 | (308)237-7698 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap | | sessment: Pre- |
| Other Services: | Treatment Assessment (Medicaid); Assessment: | Mental Status Exam (MSE); Outpatient Therapy - Individual-Mental F | lealth | |
| Other Services. | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|----------------------|
| Daily, Sherry | | 2100 4TH AVENUE KEARNEY NB 68845 | (308)830-3618 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education tt - Individual; Adult Non-Residential Services Outpatient - Co-Oo Non-Residential Services Intervention/Education; Juvenile Non- idividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ccurring Treatment; Juver Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co | o-Occurring; Outpatient T | herapy - Individual- |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evalua | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (tion: Psychological Evaluation | YWSH); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Ment essment (Medicaid); Assessment: Outpatient Psychiatric Evaluat ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient | tion; Assessment: Mental | Status Exam (MSE) |
| Other Services: | | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual ices Substance Abuse Evaluations; Juvenile Non-Residential Se ent | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dunlop, Terry | Counseling and Enrichment Center | 118 N 5th Street O'Neill NB 68763 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Meni Pre-Treatment Assessment (Medicaid); Non-Treatment: Anger Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| EagleFeather Moreno, | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | () | vices Outpatient - |
| | Family; Adult Non-Residential Services Outpatien | t - Individual; Adult Non-Residential Services Intensive Outpatient T | | |
| | Crisis Phone Line; Outpatient Therapy; Pre-Treat | ment Assessment (bio-psychosocial) | | |
| Juvenile Services: Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Eigenberg, Amy | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ring Treatment; Juver idential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | tion | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpa ent: Mental Status Exam (MSE); Assessment: Juvenile Who Sexuall | | |
| Other Services: | Co-Occurring, Outpatient merapy - multidua-me | | | |
| Fenwick, Christopher | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - s Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Florez, Thomas | New Beginnings Family Services | 620 N Webb Rd Grand Island NB 68803 | (308)675-0060 | (308)339-1621 |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | vices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | ieaitn; Assessment: C | o-Occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Hock, Sarah | South Central Behavioral Services | PO Box 1716 Kearney NB 68848 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Assessment Services Substance Abuse Evaluations; Juvenile No 'amily; Juvenile Non-Residential Services Outpatient - Individual; Ju ial Services Intensive Outpatient Treatment | rring Treatment; Adult n-Residential Services | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | Occurring | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental py-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hof, Kiphany | Counseling Care UNK | 2510 11th Ave MSAB 144 Kearney NB 68847 | (308)865-8248 | (308)865-8897 |
| Substance Abuse Services: | Adult Non-Residential Services Intervention/Educ | cation; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychologie | cal Evaluation; Asses | sment: Juvenile Who |
| | Sexually Harm Risk Assessment | | | |
| Other Services: | , | | | |
| | , | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (308)339-0962 |
| Other Services: Hruby, Kristine | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | 1811 West 2nd St. suite 450 Grand Island NB 68801 valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | It Non-Residential Se rring Treatment; Juve lential Services Outpa | rvices Outpatient - nile Assessment tient - Family; Juvenile |
| Other Services: Hruby, Kristine | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Outpatient - Groups; Juvenile Non-Resid | It Non-Residential Se rring Treatment; Juve lential Services Outpa | rvices Outpatient - nile Assessment tient - Family; Juvenile |
| Other Services: Hruby, Kristine Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment Outpatient Therapy | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Outpatient - Groups; Juvenile Non-Resid | IIt Non-Residential Se rring Treatment; Juve lential Services Outpa ment; Juvenile Non-R | rvices Outpatient - nile Assessment tient - Family; Juvenile esidential Services |

| Name | Agency | Address | Phone | Fax |
|--|---|--|--|-----------------|
| Iwan, Deb | Central Nebraska Roots & Wings | 5 W 36th St Kearney NB 68847 | (308)708-1308 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Johnson (Aswegan), Betty | | 2210 30th Ave. Kearney NB 68845 | (308)440-8054 (3 | 308)234-6604 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Out | • | vidual; Juvenile Assessment Ser | vices Substance |
| Juvenile Services: | | ns-Mental Health; Outpatient Therapy - Eating Disorder; Outpatie nent: Mental Status Exam (MSE); Assessment: Co-Occurring; Ou | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatme | ent: General Education Class | | |
| Other Convision | Sliding Fee Scale; | | | |
| Other Services. | 5 | | | |
| | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| | Mid-Plains Center for Behavioral | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Keezer, Chad Substance Abuse Services: | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Keezer, Chad Substance Abuse Services: Mental Health Services: | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Keezer, Chad Substance Abuse Services: Mental Health Services: Juvenile Services: | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 2267 N Webb Rd Grand Island NB 68803 | | 308)624-2164 |
| Keezer, Chad Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kennedy, Jr., William T. | Mid-Plains Center for Behavioral Healthcare Inc Outpatient Therapy Adult Assessment Services Substance Abus | 2267 N Webb Rd Grand Island NB 68803 e Evaluations; Adult Non-Residential Services Intervention/Educ | (308)390-6948 (3 ation; Adult Non-Residential Ser | 1 |
| Keezer, Chad Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kennedy, Jr., William T. Substance Abuse Services: | Mid-Plains Center for Behavioral Healthcare Inc Outpatient Therapy Adult Assessment Services Substance Abus | 2267 N Webb Rd Grand Island NB 68803 | (308)390-6948 (3 ation; Adult Non-Residential Ser | 1 |
| Keezer, Chad Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kennedy, Jr., William T. Substance Abuse Services: | Mid-Plains Center for Behavioral Healthcare Inc Outpatient Therapy Adult Assessment Services Substance Abus Groups; Adult Non-Residential Services Outp | 2267 N Webb Rd Grand Island NB 68803 e Evaluations; Adult Non-Residential Services Intervention/Educ | (308)390-6948 (3 ation; Adult Non-Residential Ser | 1 |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|--|---------------------------------------|
| Krantz, Nicole | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| | Co-Occurring Treatment; Juvenile Assessment Residential Services Outpatient - Co-Occurring | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pressment: Co-Occurring; Outpatient Therapy - Individual-Mental Health (1998) | | t (Medicaid); |
| Other Services: | | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult I Services Extended Residential; Adult Residentia | | ccurring Treatment; Adult | Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm | Evaluation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Asses | Iental Health; Outpatient Therapy including Family Sessions-Men order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asses ssment: Juvenile Who Sexually Harm Risk Assessment; Non-Trea et Mediation; Outpatient Therapy - Individual-Mental Health | Health; Intensive Outpati ssment: Pre-Treatment A | ent: Intensive ssessment (Medicaid |
| Other Services: | | | | |
| Luth, Shannon | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juveni | valuations; Adult Non-Residential Services Outpatient - Family; A atient - Co-Occurring Treatment; Juvenile Assessment Services S ile Non-Residential Services Outpatient - Individual; Juvenile Non- | Substance Abuse Evaluat | ions; Juvenile Non- |
| | Treatment | | | |
| Mental Health Services: | I reatment Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M | t (bio-psychosocial); Co-Occurring /lental Health; Outpatient Therapy - Co-occurring; Assessment: Pr ssment: Co-Occurring; Outpatient Therapy - Individual-Mental Hea | | t (Medicaid); |

| Name | Agency | Address | Phone | Fax |
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| Maxson, Thomas | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment | Adult Non-Residential S rvices Intervention/Edu | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | ation; Psychological Eva | luation |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental H g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmen Who Sexually Harm Risk Assessment; Assessment: Co-Occurring; | t: Mental Status Exam | (MSE); Assessment: |
| Other Services: | | | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 124 West 25th Street Suite B4 Kearney NB 68847-4473 | (308)708-9379 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educat al Services Outpatient - Groups; Juvenile Non-Residential Services outpatient - Groups; Juvenile Non-Residential Services outpatient - Co-Occurring Treatment; | Family; Adult Non-Resi Services Intensive Outpation; Juvenile Non-Resi Outpatient - Family; Juv | dential Services atient Treatment; dential Services enile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Disorder; Assessment: Pre-Treatment Assessme | ental Health; Outpatient Therapy including Family Sessions-Mental H nt (Medicaid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient Thera | apy - Eating |
| Other Services: | Sliding Fee Scale; | | | |
| McNichols, Stephanie | | 422 N Hastings Ave, Suite 206 Hastings NB 68901 | (402)440-6496 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential S ices Substance Abuse I on-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental F | lealth; Outpatient Thera | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Meyer, Mandy | Mandy Meyer Counseling LLC | 2804 2nd Ave Kearney NB 68847 | (308)455-3435 | (308)455-3437 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur le Assessment Services Substance Abuse Evaluations; Juvenile Non family; Juvenile Non-Residential Services Outpatient - Individual; Juv- ial Services Intensive Outpatient Treatment | ring Treatment; Adul -Residential Service: | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatien ent (Medicaid); Assessment: Co-Occurring; Outpatient Therapy - Indi | | |
| Other Services: | | | | |
| Mucklow, Greg | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | (308)237-5953 |
| Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Juvenile Pre-Treatment Ass Evaluation Outpatient Therapy including Group Sessions-Me | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) | ces Substance Abus on-Residential Servic ng Treatment; Juveni Occurring; Adults who lealth; Outpatient The | e Evaluations; Juvenil es Outpatient - Family ile Non-Residential o Sexually Harm erapy - Co-occurring; |
| Newman, Rocky | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)384-7896 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Nickel, Janah | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)455-1400 | (308)455-1402 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |

| Name | Agency | Address | Phone | Fax |
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| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Riessland, Bryce | | 124 W. 46th Ave. Suite 105 Kearney NB 68848 | (308)440-5294 | (308)388-5545 |
| | Monitoring SA/MH; Adult Non-Residential Ser Outpatient - Individual; Adult Non-Residential | Evaluations; Adult Non-Residential Services Intervention/Educa rvices Outpatient - Groups; Adult Non-Residential Services Outpatient Services Outpatient - Co-Occurring Treatment | | |
| | Outpatient Therapy; Pre-Treatment Assessme | ent (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Rivera, Elia | | 312 North Elm Street Grand Island NB 68801 | (308)383-2208 | |
| | Groups; Adult Non-Residential Services Outp Co-Occurring Treatment; Juvenile Assessmen | 6 | idual; Adult Non-Residential tial Services Intervention/Ec | Services Outpatient ducation; Juvenile |
| | | -Mental Health; Outpatient Therapy - Co-occurring; Non-Treatme | ent: Anger Management Cla | ss; Outpatient Thera |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Schoenefeld, Karrie | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outp Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educat Juvenile Non-Residential Services Outpatient | e Evaluations; Adult Non-Residential Services Intervention/Educa atient - Family; Adult Non-Residential Services Outpatient - Indiv ial Services Intensive Outpatient Treatment; Juvenile Assessmer ion; Juvenile Non-Residential Services Outpatient - Groups; Juve - Individual; Juvenile Non-Residential Services Outpatient - Co-O | idual; Adult Non-Residential It Services Substance Abus enile Non-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| | Services Intensive Outpatient Treatment | | | |
| Mental Health Services: | Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessme | ent (bio-psychosocial); Co-Occurring | | |
| Mental Health Services: Juvenile Services: | • | ent (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Schroeder, Ashley | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Assessment Services Substance Abuse Evaluations; Juvenile No 'amily; Juvenile Non-Residential Services Outpatient - Individual; Ju ial Services Intensive Outpatient Treatment | rring Treatment; Adul n-Residential Service | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Smith, Ryan | Ryan Smith Counseling Services LLC | 3000 2nd Ave Suite 204 Kearney NB 68847 | (308)455-3435 | (308)455-3437 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; Adul | t Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | Occurring | |
| Juvenile Services: | | | Ū | |
| Other Services: | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholo | gical Evaluation | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Treatment Assessment (Medicaid); Assessment: Risk Assessment; Outpatient Therapy - Individua | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Ther Mental Status Exam (MSE); Assessment: Psychological Evaluation | apy - Co-occurring; A); Assessment: Juven | ssessment: Pre- ile Who Sexually Harn |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia vices Substance Abus Ion-Residential Servic | l Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medic | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient Th | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpat | | dult Non-Residential vices Intervention/Ec Ion-Residential Serv | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | Occurring | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Swanson, Kirbie | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)455-1400 | (308)455-1402 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Switzer, Anteshia | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | (402)463-5686 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential | Services Outpatient |
| | Outpatient Therapy; Pre-Treatment Assessment | | | , |
| | Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental H Individual-Mental Health | lealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; , ervices Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment | Adult Non-Residential ervices Intervention/Ec | l Services Outpatient - ducation; Juvenile |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental I | Health; Outpatient The | erapy - Co-occurring; |
| | Assessment: Co-Occurring; Outpatient Therapy - | Individual-Mental Health | • • | |
| Other Services: | | | | |
| Yendra, Sarah | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental I Individual-Mental Health | Health; Outpatient The | erapy - Co-occurring; |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services D | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bendy, Laurie | | 13906 Gold Circle, Suite 202 Omaha NB 68144 | (402)932-6500 | (402)932-6504 |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial); Co-Occurring | | rvices Outpatient - |
| Other Services: | Sliding Fee Scale; | | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A (bio-psychosocial); Co-Occurring | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | (bio-psychosocial); Adults who Sexually Harm Evaluation ental Health; Outpatient Therapy - Youth Who Sexually Harm; Intensi :: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status rapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | esidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Carlson, Stanley | Carlson Counseling Services LLC | 230 E 22nd St Ste 3 Fremont NB 68025 | (402)721-8805 | (402)727-4839 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | stance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Juvenile Yo | outh Who Sexually H | arm Evaluation |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | osocial); Co-Occurring; Adults who Sexually Harm Evaluation ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpa ient: Mental Status Exam (MSE); Outpatient Therapy - Individual-Me | atient Therapy - Co-o ental Health | ccurring; Assessment |
| Other Services: | | | | |
| Cochran, Virginia | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Nor amily; Juvenile Non-Residential Services Outpatient - Individual; Juv ial Services Intensive Outpatient Treatment | rring Treatment; Adul n-Residential Service | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-0 | Occurring | |
| | Assessment (Medicaid); Assessment: Mental Sta | reatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Matus Exam (MSE); Outpatient Therapy - Individual-Mental Health | Iental Health; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Psychological Evaluation; Outpatier | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); A nt Therapy - Individual-Mental Health | Assessment: Mental S | tatus Exam (MSE); |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evalua | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW tion; Psychological Evaluation | SH); Pre-Treatment A | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Mental Hessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; ient: Juvenile Who Sexually Harm Risk Assessment; Outpatient The | ; Assessment: Menta | Status Exam (MSE); |
| Other Services | | | | |

| Name | Agency | Address | Phone | Fax |
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| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | (402)753-6445 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education t - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Intervention/Education; Juvenile Non- idividual; Juvenile Non-Residential Services Outpatient - Co-Occ | curring Treatment; Juve Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | atment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Ment essment: Pre-Treatment Assessment (Medicaid); Assessment: N I Health | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| | Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | es Outpatient - Groups; Adult Non-Residential Services Outpatier rvices Outpatient - Co-Occurring Treatment; Adult Non-Residenti Evaluations; Juvenile Non-Residential Services Intervention/Edu al Services Outpatient - Groups; Juvenile Non-Residential Service nile Non-Residential Services Outpatient - Co-Occurring Treatme | al Services Intensive Ou Ication; Juvenile Non-Re es Outpatient - Family; J ent; Juvenile Non-Reside | tpatient Treatment; sidential Services uvenile Non- |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); C | 0 | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Ment by-Mental Health; Day Treatment Day Treatment-Mental Health; / Class; Non-Treatment: General Education Class; Outpatient The | Assessment: Pre-Treatm | ent Assessment |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| | | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individua Short Term Residential; Juvenile Assessment Services Substan enile Non-Residential Services Outpatient - Family; Juvenile Non o-Occurring Treatment | ; Adult Non-Residential al; Adult Non-Residential ce Abuse Evaluations; J | Services Intensive uvenile Non- |
| Substance Abuse Services: Mental Health Services: | Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individua Short Term Residential; Juvenile Assessment Services Substan enile Non-Residential Services Outpatient - Family; Juvenile Non o-Occurring Treatment | ; Adult Non-Residential al; Adult Non-Residential ce Abuse Evaluations; J Residential Services Ou al Health; Outpatient The | Services Intensive uvenile Non- ttpatient - Individual; erapy - Co-occurring |

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| Name | Agency | Address | Filone | Гах |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | sment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psych | nological Evaluation | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso | ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Assessment: Pre-Treatment Assessment (Medicaid); Assessme ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Thera | nt: Mental Status Ex | (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| | Outpatient Thereny | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Juvenile Services: | | General Education Class | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Juvenile Services: Other Services: Kubo, Dana Substance Abuse Services: | Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | 200 N 34th PO Box 2315 Norfolk NB 68702 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ult Non-Residential dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: Other Services: Kubo, Dana Substance Abuse Services: Mental Health Services: | Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatient Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | 200 N 34th PO Box 2315 Norfolk NB 68702 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | ult Non-Residential 3 dult Non-Residential es Substance Abus n-Residential Servic g Treatment; Juveni | Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential |
| Juvenile Services: Other Services: Kubo, Dana Substance Abuse Services: Mental Health Services: | Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap | 200 N 34th PO Box 2315 Norfolk NB 68702 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental He iy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- ing; Non-Treatment: Intensive Family Preservation; Non-Treatment: A | ult Non-Residential 3 dult Non-Residential es Substance Abusa n-Residential Servic g Treatment; Juveni ealth; Outpatient The Co-occurring; Asses | Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family le Non-Residential erapy - Co-occurring; sment: Pre-Treatmen |

| Name | Agency | Address | Phone | Fax |
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| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; A vidual; Adult Non-Residential Services Outpatient - Co-Occurr | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic | raluations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outpa rvices Outpatient - Co-Occurring Treatment; Adult Non-Reside | atient - Family; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Peters, Martinique | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Serenity Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessmer ; Juvenile Non-Residential Services Outpatient - Groups; Juven ndividual; Juvenile Non-Residential Services Outpatient - Co-C | tion; Adult Non-Residential S idual; Adult Non-Residential It Services Substance Abuse enile Non-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Substance Abuse Services: | Serenity Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessmer ; Juvenile Non-Residential Services Outpatient - Groups; Juven ndividual; Juvenile Non-Residential Services Outpatient - Co-C | tion; Adult Non-Residential S idual; Adult Non-Residential It Services Substance Abuse enile Non-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Substance Abuse Services: Mental Health Services: | Serenity Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-M | raluations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessmer ; Juvenile Non-Residential Services Outpatient - Groups; Juven ndividual; Juvenile Non-Residential Services Outpatient - Co-C | tion; Adult Non-Residential S idual; Adult Non-Residential It Services Substance Abuse enile Non-Residential Servic Dccurring Treatment; Juveni | Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential |

| Name | Agency | Address | Phone | Fax | |
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| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juven individual; Juvenile Non-Residential Services Outpatient - Co-O (bio-psychosocial): Co-Occurring | dual; Adult Non-Residential Se Services Substance Abuse E nile Non-Residential Services | ervices Outpatient Evaluations; Juvenil Outpatient - Family | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M | Itpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Itpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occu ensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring; Outpat erapy - Individual-Mental Health | | | |

| Name | Agency | Address | Phone | Fax |
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| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential co-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occi | urring | |
| Other Services: | | | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Assessment (Medicaid); Non-Treatment: Intensiv | ental Health; Outpatient Therapy including Family Sessions-Mental H re Family Preservation; Outpatient Therapy - Individual-Mental Health | | Pre-Treatment |
| Other Services: | Bilingual Services; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | amily; Adult Non-Re | esidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | |
| | Sliding Fee Scale; | | | |

| Name | Agonov | Address | Phone | Fax |
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| INdifie | Agency | Address | Flione | Гах |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy including Family Sessions-Mental He Health | ealth; Outpatient Thera | apy - Eating |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assessm | ent: Juvenile Who |
| Other Services: | Sexually Harm Nisk Assessment | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kenning, Tamara | Turning Point Behavioral Health & Addiction Counseling PC | 122 S 4th St Seward NB 68434 | (402)641-2095 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | raluations; Adult Non-Residential Services Intervention/Education; Ad ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurri e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Family; Juvenile Non-Residential Services Outpatient reatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ing Treatment; Adult N Residential Services patient - Individual; Ju | Ion-Residential |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring; Adults who Sexually Harm Evaluation | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio-p | sychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health; Intensive Outpatient: Intensive Outpatient | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient t Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me | | |
| Other Services: | (MSE); Assessment: Co-Occurring; Outpatient Th | nerapy - Individual-Mental Health | | |

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| Name | Agency | Address | Phone | Fax |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inten Exam (MSE); Out-C | sive Outpatient Of-Home: Foster Care |
| Other Services: | | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Adults who Sexually Harm Ev | aluation; Psychologi | cal Evaluation |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar | agement; Pre-Treatment Assessment (bio-psychosocial); Psychologi | cal Evaluation | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Assessment: Psychological Evaluation; | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | raluations; Adult Non-Residential Services Intervention/Education; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No | dult Non-Residential | Services Outpatient Evaluations; Juveni |

| Name | Agency | Address | Phone | Fax |
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| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens | valuations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | tion; Psychological E | valuation |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental H ng; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se atus Exam (MSE); Assessment: Psychological Evaluation; Assessme ient Therapy - Individual-Mental Health | xually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Trotta, Beverly | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)942-9007 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | /SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re ervices Substance Al venile Non-Resident | esidential Services buse Evaluations; ial Services Outpatier |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bic | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient Th | erapy - Co-occurring; |
| | Assessment: Pre-Treatment Assessment (Medica Education Class; Outpatient Therapy - Individual | aid); Assessment: Co-Occurring; Non-Treatment: Anger Managemer -Mental Health | t Class; Non-Treatm | ent: General |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---------------------|
| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C | | |
| Mental Health Services: | | atment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Almquist, Keith | Achievement Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)669-3665 | (402)502-5102 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education ent - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile Nor co-Occurring Treatment | Occurring Treatment; Juve | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: Outpatient Therapy - Individual-Mental Health | Pre-Treatment Assessment (Medicaid); Assessment: Mental S | tatus Exam (MSE); Assess | ment: Co-Occurring; |
| Other Services: | | | | |
| Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | Joodining Troduition | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Borer, Kersten | Kersten Borer LLC | 7602 Pacific St Ste 304 Omaha NB 68114 | (402)515-5383 | (402)933-6447 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ services Substance Abuse Evaluations; Juvenile Non-Residentia uvenile Non-Residential Services Outpatient - Family; Juvenile I co-Occurring Treatment | ual; Adult Non-Residential al Services Intervention/Ed | Services Outpatient |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-T | reatment Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | 5 | Therapy - Co-occurring; Assessment: Pre-Treatment Assessm ntal Health | ent (Medicaid); Assessmer | nt: Mental Status |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|-----------------------|
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | aluations; Adult Non-Residential Services Intervention/Education; Ad tpatient - Groups; Adult Non-Residential Services Outpatient - Family vices Intensive Outpatient Treatment; Adult Non-Residential Services | ; Adult Non-Resider | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Stanley | Carlson Counseling Services LLC | 230 E 22nd St Ste 3 Fremont NB 68025 | (402)721-8805 | (402)727-4839 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Juvenile Yo social); Co-Occurring; Adults who Sexually Harm Evaluation | uth Who Sexually Ha | arm Evaluation |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpat ent: Mental Status Exam (MSE); Outpatient Therapy - Individual-Mer | | ccurring; Assessment: |
| Other Services: | | | | |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| | Crisis Phone Line; Emergency Medical Health Ev | aluation; Outpatient Therapy; Pre-Treatment Assessment (bio-psych | osocial); Co-Occurri | ng |
| Juvenile Services: | | | | |
| Other Services: | No Voucher Acceptance; | | | |

| Name | Agency | Address | Phone | Fax |
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| Corrado, Michael | MAK Development (Michael's House) | 9007 F St Omaha NB 68127 | (402)917-0926 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Hearing Impaired; | | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Assessment: Psychological Evaluation; Outpatie | lental Health; Assessment: Pre-Treatment Assessment (Medicaid); A | Assessment: Mental S | Status Exam (MSE); |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| | psychosocial); Adults who Sexually Harm Evalua Outpatient Therapy including Group Sessions-M Sexually Harm; Assessment: Pre-Treatment Ass | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW ation; Psychological Evaluation ental Health; Outpatient Therapy including Family Sessions-Mental I essment (Medicaid); Assessment: Outpatient Psychiatric Evaluation nent: Juvenile Who Sexually Harm Risk Assessment; Outpatient The | Health; Outpatient Th ; Assessment: Menta | erapy - Youth Who I Status Exam (MSE); |
| | Lindson Donker LLC | 9239 W Center Rd Suite 226 Omaha NB 68124 | (402)932-6643 | |
| Denker, Lindsay Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; Adul atient - Co-Occurring Treatment; Juvenile Assessment Services Sub le Non-Residential Services Outpatient - Individual; Juvenile Non-Re | t Non-Residential Ser stance Abuse Evalua | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Mental Health | lental Health; Outpatient Therapy - Co-occurring; Assessment: Co-C | Occurring; Outpatient | Therapy - Individual- |
| Other Services: | | | | |
| Dombrowski, Lydia | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)305-8881 | |
| | Adult Assessment Services Substance Abuse Ex Outpatient Therapy; Pre-Treatment Assessment | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|------------------------|------------------------|
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Groups; Adu | ult Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | tient - Co-Occurring Treatment | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Engle, Christine | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); | Outpatient Therapy - I | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Gaines, Denise | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; / nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; / nt - Family; Adult Non-Residential Services Outpatient - Individual; | | |
| Mental Health Services: | | Treatment Assessment (bio-psychosocial); Co-Occurring; Adults w | no Sexually Harm Eva | luation; Psychologica |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt | h; Intensive Outpatien | t: Intensive Outpatier |
| | Therapy-Youth Who Sexually Harm; Intensive Ou | utpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: sment: Psychological Evaluation; Assessment: Juvenile Who Sexua | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Gill, Jill | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | (402)991-3486 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Aduent - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Men | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | , | | |
| Hamilton, Teresa | Hamilton Behavioral Health Services | 203 W 29th Ave #6 Bellevue NB 68005 | (402)639-0435 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment tient - Family; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient ent (Medicaid); Assessment: Mental Status Exam (MSE); Assessmen | | |
| Other Services: | Sliding Fee Scale; | | | |
| Harmes, Eric | | 5539 S. 27th St. Suite 104 Lincoln NB 68512 | (402)318-3787 | (402)939-0437 |

Substance Abuse Services:

Mental Health Services: Outpatient Therapy

Juvenile Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir e Residential Services Therapeutic Community or Therapeutic Group | ring Treatment; Juve idential Services Out ng Treatment; Juveni | nile Assessment tpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | occurring; Therapeutic Group Home-Co-Occurrin Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | |
| Other Services: | Sliding Fee Scale; | | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol | dult Non-Residential vices Intervention/Ec Residential Services Occurring; Psycholog lealth; Outpatient The | Services Outpatient - ducation; Juvenile Outpatient - Individual ical Evaluation erapy - Co-occurring; |
| Hernandez, Antonieta | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me | (bio-psychosocial) ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Mental Health Services: Juvenile Services: | Residential Pre-Treatment Assessment (bio-psychosocial); C | ty; Juvenile Residential Services Halfway-House or SA Group Home o-Occurring sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | | al Services Short Tern |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psycholog | ical Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Assessment Services Substance Abuse Evaluations; Juvenile No Services Outpatient - Groups; Juvenile Non-Residential Services esidential Services Outpatient - Co-Occurring Treatment; Juvenile I | urring Treatment; Adul on-Residential Service Outpatient - Family; Ju | t Non-Residential s venile Non-Residentia |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental by-Mental Health; Intensive Outpatient: Intensive Outpatient Therap atus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy | by-Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | Sliding Fee Scale; | | | |
| Kimmerling, Katherine | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residentia vices Substance Abus Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Residential Services Short Term Residential; Jun | valuations; Adult Non-Residential Services Care Monitoring SA/MH ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Service venile Assessment Services Substance Abuse Evaluations; Juvenil atient - Groups; Juvenile Non-Residential Services Outpatient - Far | Adult Non-Residentia s Dual Residential (MH e Non-Residential Ser | Services Outpatient - I/SA); Adult vices Care Monitoring |

| Name | Agency | Address | Phone | Fax |
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| | Outpatient Therapy - Co-occurring; Intensive Outp Sliding Fee Scale; | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | aluations; Adult Non-Residential Services Outpatient - Individual | | |
| Korth, Brandi | | 2547 North 48th Avenue Omaha NB 68104 | (402)217-4837 | (531)301-5593 |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs a Non-Residential Services Outpatient - Individual; Juvenile Non-Res ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | tance Abuse Evaluat sidential Services Ou | tions; Juvenile Non- tpatient - Co-Occurring |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatien | | ring Treatment; Adul | t Non-Residential |
| Loftis, Mary | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | tions; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: Other Services: | Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Outpatient Th | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera erapy - Individual-Mental Health | py - Co-occurring; A | ssessment: Pre- |

| Name | Agency | Address | Phone | Fax |
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| Mayberry, Susan | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)960-8712 | (402)614-8443 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ing Treatment; Adult Residential Services | Non-Residential Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-0 | | |
| Other Services: | | | | |
| McCaghy, Peggy | Capstone Behavioral Health | 1941 S. 42nd St. STE 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Psychological Evaluation; Outpatier | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As ht Therapy - Individual-Mental Health | sessment: Mental S | tatus Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Mental He nent: Mentoring; Outpatient Therapy - Individual-Mental Health | ealth; Assessment: C | Co-Occurring; Non- |
| Other Services: | | | | |
| McDonald, Kathryn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | (402)932-3557 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Residential Services S | dult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| McDonald, Katie | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)932-3557 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential S | Services Intensive |
| Mental Health Services: Juvenile Services: | Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | | | | |
| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 | (402)905-9473 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | Assessment (Medicaid); Assessment: Mental Sta | by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy tus Exam (MSE); Assessment: Co-Occurring | -Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | | | | |
| Meckna, Shy | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)599-2710 | (402)599-2562 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Intensive Outpatient T | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Family; Adult Non-Residential Services Outpatient - In | | |
| Mental Health Services: | Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial): Co-Occurring | | |
| Juvenile Services: | | (| | |
| Other Services: | Sliding Fee Scale; | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Services | dult Non-Residential | Services Outpatient - |
| | Juvenile Non-Residential Services Outpatient - In | ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | | |
| Mental Health Services: | | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | | |

| News | Ageney | Address | Dhana | Fey |
|---------------------------|--|---|---|---|
| Name | Agency | Address | Phone | Fax |
| | occurring; Assessment: Pre-Treatment Assessme Individual-Mental Health | ent (Medicaid); Assessment: Mental Status Exam (MSE); Assessmer | t: Co-Occurring; Outp | atient Therapy - |
| Other Services: | | | | |
| Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluatio | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | curring; Outpatient Th | erapy - Individual- |
| Other Services: | | | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm (bio-psychosocial): Co-Occurring | ing Treatment; Juven ntial Services Outpati | ile Assessment ent - Family; Juvenile |
| | | nent: Intensive Family Preservation; Outpatient Therapy - Individual- | Mental Health | |
| Other Services: | | | | |
| Morton, Crystal | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)680-6429 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | dult Non-Residential S es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| Mental Health Services: | Services Intensive Outpatient Treatment | (bio-psychosocial): Co-Occurring | - | non-Residentia |
| | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H patient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre | | tient: Intensive |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He nt: Intensive Family Preservation; Outpatient Therapy - Individual-Mer | | atient: Intensive |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | Adult Non-Residential Services Intervention/Educ Adult Non-Residential Services Outpatient - Indiv Halfway-House | ation; Adult Non-Residential Services Outpatient - Groups; Adult Non idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | n-Residential Service tment; Adult Reside | es Outpatient - Family ntial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Youth Who Sexually | y Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; Page 1 | sychological Evaluat | tion |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | gical Evaluation; As | sessment: Juvenile |
| Other Services: | | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Resid dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juver dential Services Out | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | (bio-psychosocial); Co-Occurring ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | sessment: Mental S | tatus Exam (MSE); |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | I | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Trea | atment Assessment (bio-psychosocial); Adults who Sexually Har | m Evaluation; Psychologi | cal Evaluation |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residenti | valuations; Adult Non-Residential Services Intervention/Educatio es Outpatient - Groups; Adult Non-Residential Services Outpatie rvices Outpatient - Co-Occurring Treatment; Adult Non-Residen e Evaluations; Juvenile Non-Residential Services Intervention/Ec al Services Outpatient - Groups; Juvenile Non-Residential Servi enile Non-Residential Services Outpatient - Co-Occurring Treatm | ent - Family; Adult Non-Re tial Services Intensive Ou lucation; Juvenile Non-Re ces Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | Intensive Outpatient Treatment | shile non residential dervices outpatient - of occurring reatin | ient, suverille non-reside | initial Services |
| Mental Health Services: | · · · · · · | , | | initial Services |
| | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | , | | |
| Juvenile Services: | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M | (bio-psychosocial) | | |
| Juvenile Services: | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Health | (bio-psychosocial) | | |
| Juvenile Services: Other Services: Rynearson, Claire | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Health Sliding Fee Scale; NOVA TC Adult Assessment Services Substance Abuse Ex | (bio-psychosocial) lental Health; Assessment: Pre-Treatment Assessment (Medicai | d); Outpatient Therapy - In (402)991-8521 | ndividual-Mental (402)455-7050 |
| Juvenile Services: Other Services: Rynearson, Claire Substance Abuse Services: | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Health Sliding Fee Scale; NOVA TC | (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicai 8502 Mormon Bridge Road Omaha NB 68152 valuations; Adult Residential Services Therapeutic Community; J | d); Outpatient Therapy - In (402)991-8521 | ndividual-Mental (402)455-7050 |
| Juvenile Services: Other Services: Rynearson, Claire Substance Abuse Services: Mental Health Services: | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Health Sliding Fee Scale; NOVA TC Adult Assessment Services Substance Abuse Exeluations Pre-Treatment Assessment (bio-psychosocial); C | (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicai 8502 Mormon Bridge Road Omaha NB 68152 valuations; Adult Residential Services Therapeutic Community; J | d); Outpatient Therapy - In (402)991-8521 Juvenile Assessment Serv | ndividual-Mental (402)455-7050 |
| Juvenile Services: Other Services: Rynearson, Claire Substance Abuse Services: Mental Health Services: Juvenile Services: | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Health Sliding Fee Scale; NOVA TC Adult Assessment Services Substance Abuse Exeluations Pre-Treatment Assessment (bio-psychosocial); C | (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicai 8502 Mormon Bridge Road Omaha NB 68152 /aluations; Adult Residential Services Therapeutic Community; J Co-Occurring | d); Outpatient Therapy - In (402)991-8521 Juvenile Assessment Serv | ndividual-Mental (402)455-7050 |
| Juvenile Services: Other Services: Rynearson, Claire Substance Abuse Services: Mental Health Services: Juvenile Services: | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Health Sliding Fee Scale; NOVA TC Adult Assessment Services Substance Abuse Exe Evaluations Pre-Treatment Assessment (bio-psychosocial); C Psychiatric Residential Treatment Facility; Asses | (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicai 8502 Mormon Bridge Road Omaha NB 68152 /aluations; Adult Residential Services Therapeutic Community; J Co-Occurring | d); Outpatient Therapy - In (402)991-8521 Juvenile Assessment Serv | ndividual-Mental (402)455-7050 |
| Juvenile Services: Other Services: Rynearson, Claire Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Salvatore, Christine | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Health Sliding Fee Scale; NOVA TC Adult Assessment Services Substance Abuse Exe Evaluations Pre-Treatment Assessment (bio-psychosocial); C Psychiatric Residential Treatment Facility; Asses Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Exe Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In | (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicai 8502 Mormon Bridge Road Omaha NB 68152 raluations; Adult Residential Services Therapeutic Community; J Co-Occurring sment: Pre-Treatment Assessment (Medicaid); Assessment: Co | d); Outpatient Therapy - In (402)991-8521 Juvenile Assessment Serv p-Occurring (402)715-5440 In; Adult Non-Residential services Substance Abuse le Non-Residential Servic | ndividual-Mental (402)455-7050 ices Substance Abus (402)715-5452 Services Outpatient - Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: Other Services: Rynearson, Claire Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Salvatore, Christine Substance Abuse Services: | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Health Sliding Fee Scale; NOVA TC Adult Assessment Services Substance Abuse Exe Evaluations Pre-Treatment Assessment (bio-psychosocial); C Psychiatric Residential Treatment Facility; Asses Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Exe Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicai 8502 Mormon Bridge Road Omaha NB 68152 valuations; Adult Residential Services Therapeutic Community; J Co-Occurring sment: Pre-Treatment Assessment (Medicaid); Assessment: Co 5217 S 28th St Omaha NB 68107 valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juveni ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | d); Outpatient Therapy - In (402)991-8521 Juvenile Assessment Serv p-Occurring (402)715-5440 In; Adult Non-Residential services Substance Abuse le Non-Residential Servic | ndividual-Mental (402)455-7050 ices Substance Abus (402)715-5452 Services Outpatient - Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: Other Services: Rynearson, Claire Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Salvatore, Christine Substance Abuse Services: Mental Health Services: Juvenile Services: | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Health Sliding Fee Scale; NOVA TC Adult Assessment Services Substance Abuse Exe Evaluations Pre-Treatment Assessment (bio-psychosocial); C Psychiatric Residential Treatment Facility; Asses Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Exe Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicai 8502 Mormon Bridge Road Omaha NB 68152 valuations; Adult Residential Services Therapeutic Community; J Co-Occurring esment: Pre-Treatment Assessment (Medicaid); Assessment: Co 5217 S 28th St Omaha NB 68107 valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juveni ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc (bio-psychosocial); Co-Occurring | d); Outpatient Therapy - In (402)991-8521 Juvenile Assessment Serv p-Occurring (402)715-5440 In; Adult Non-Residential services Substance Abuse le Non-Residential Servic | ndividual-Mental (402)455-7050 ices Substance Abus (402)715-5452 Services Outpatient - Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
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| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | | ces Outpatient - |
| Mental Health Services: | Pamily; Adult Non-Residential Services Outpatien Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri (bio-psychosocial); Co-Occurring | ing Treatment | |
| | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occ | curring; Outpatient The | erapy - Individual- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services. | Sliding Fee Scale; | | | |
| Schnieder, Brian | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)850-0054 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu so Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Ser Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; o | amily; Adult Non-Resi ervices Intensive Outpa on; Juvenile Non-Resid utpatient - Family; Juv | dential Services atient Treatment; Jential Services enile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | 5 | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring; Outpatient Thera | py - Individual-Mental | Health |
| Other Services: | | | | |
| Siemer, Kris | Siemer Counseling & Assessments LLC | 12020 Shamrock Plaza #200 Omaha NB 68154 | (402)500-0555 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Resid dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ing Treatment; Juvenil dential Services Outpa | e Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio-pa | sychosocial); Co- |
| Juvenile Services: | 0 | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre Individual-Mental Health | eatment Assessment (| Medicaid); |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abu | ise Evaluations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Assessment: Co-Occurring; Outpatient Therapy - | - Individual-Mental Health | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/E ent - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Juvenile Assess ; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - | Individual; Adult Non-Residential S sment Services Substance Abuse E Juvenile Non-Residential Services | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessio aid); Outpatient Therapy - Individual-Mental Health | ns-Mental Health; Outpatient Thera | py - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stein, Daniela | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)978-5604 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | | | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Sliding Fee Scale; | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - G nt - Individual; Adult Non-Residential Services Outpatient | | ces Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | <u> </u> | |
| | | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Ticknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | rring Treatment; Juver ential Services Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental Heasth; Dutpatient Assessment (Medicaid); Assessment: Men | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A | Adult Non-Residential | Services Outpatient - |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - C | Adult Non-Residential Dual Residential (MH Services Substance A uvenile Non-Residenti | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatien |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - C | Adult Non-Residential Dual Residential (MH Services Substance A uvenile Non-Residenti | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatien |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - C | Adult Non-Residential Dual Residential (MH Services Substance A uvenile Non-Residenti | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatien |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - C | Adult Non-Residential Dual Residential (MH Services Substance A uvenile Non-Residenti | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatien |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - C | Adult Non-Residential Dual Residential (MH Services Substance A uvenile Non-Residenti | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatien |
| Mental Health Services: Juvenile Services: Other Services: Vasquez-Evans, Linda | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education: Juvenile Non-Residential Services Outpatient - Ir | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - C ent | Adult Non-Residential Dual Residential (MH, Services Substance / Jvenile Non-Residenti o-Occurring Treatmer (402)889-6359 dult Non-Residential S Adult Non-Residential ices Substance Abuse on-Residential Service | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatien ht; Juvenile Non- (402)564-7735 Services Outpatient - Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: Juvenile Services: Other Services: Vasquez-Evans, Linda Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - C ent 7701 Pacific Street, Ste 101 Omaha NB 68114 raluations; Adult Non-Residential Services Intervention/Education; Adult non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential Dual Residential (MH, Services Substance / Jvenile Non-Residenti o-Occurring Treatmer (402)889-6359 dult Non-Residential S Adult Non-Residential ices Substance Abuse on-Residential Service | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatien ht; Juvenile Non- (402)564-7735 Services Outpatient - Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: Juvenile Services: Other Services: Vasquez-Evans, Linda Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju Patient - Individual; Juvenile Non-Residential Services Outpatient - C ent 7701 Pacific Street, Ste 101 Omaha NB 68114 raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Intervention/Education; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No- idividual; Juvenile Non-Residential Services Outpatient - Co-Occurri (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient t Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (N | Adult Non-Residential Dual Residential (MH, Services Substance / Jvenile Non-Residenti o-Occurring Treatmer (402)889-6359 dult Non-Residential Adult Non-Residential ices Substance Abuse on-Residential Service ng Treatment; Juvenil | Services Outpatient /SA); Adult Abuse Evaluations; al Services Outpatien t; Juvenile Non- (402)564-7735 Services Outpatient - Services Outpatient e Soutpatient - Famil e Non-Residential t Therapy-Mental |

| Name | Δαορογ | Address | Phone | Fax |
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| Name | Agency | Address | Fliolle | Гах |
| Wells, Amanda | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5449 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evan Residential; Adult Residential Services Short Terr | aluations; Adult Residential Services Dual Residential (MH/SA); Adul m Residential | t Residential Service | es Extended |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Wiles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluat | ions; Juvenile Non- |
| | Treatment | | | |
| Mental Health Services: | 1 | | | |
| | Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre | | |
| | Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre | | |
| Juvenile Services: Other Services: | Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre | | |
| Juvenile Services: Other Services: | Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - Nebraska Mental Health Centers | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tro Individual-Mental Health | eatment Assessmen | t (Medicaid); |
| Juvenile Services: Other Services: Zlomke, Leland Substance Abuse Services: | Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - Nebraska Mental Health Centers Outpatient Therapy; Juvenile Pre-Treatment Asse | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre Individual-Mental Health 4545 S 86th St Lincoln NB 68520 essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | eatment Assessmen (402)483-6990 | t (Medicaid); (402)483-7045 |
| Juvenile Services: Other Services: Zlomke, Leland Substance Abuse Services: Mental Health Services: | Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - Nebraska Mental Health Centers Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evaluat Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disor | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre Individual-Mental Health 4545 S 86th St Lincoln NB 68520 essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | eatment Assessmen (402)483-6990 H); Pre-Treatment A ealth; Outpatient The nt: Mental Status Es | t (Medicaid); (402)483-7045 Assessment (bio- erapy - Youth Who cam (MSE); |

| Name | Agency | Address | Phone | Fax |
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| Zueter, Kimberly | | 5087 S 106th St Omaha NB 68127 | (402)630-7560 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessment (I | Medicaid); |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services | Adult Non-Residentia | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services | ssessment Services Substance Abuse Evaluations; Adult Non-Resid SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult N nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur tesidential Services Dual Residential (MH/SA); Adult Residential Ser ons; Juvenile Non-Residential Services Intervention/Education; Juve vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment; Juvenile Not (hio-psychosocial); Co-Occurring | Non-Residential Servi rring Treatment; Adul vices Short Term Re enile Non-Residential ttient - Family; Juveni | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Mental Heastive Outpatient: Intensive Outpatient Therapy-Mental Health; Intenent Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatment | sive Outpatient: Inter | nsive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bender, Jennifer | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residentia rvices Intervention/Ed | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me Treatment: Intensive Family Preservation; Outpat | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T | reatment Assessmer | nt (Medicaid); Non- |

| | Agency | Address | Phone | Fax |
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| Bender-Brummels, Jennifer | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual vices Intervention/Education; Juvenile Non-Residential Services O lential Services Outpatient - Individual | l; Juvenile Assessment Se | rvices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy - Eating Disorder; Assessment: C | Co-Occurring; Outpatient T | herapy - Individual- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Inte t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Sta | | |
| Other Services: | | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 (| 402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Intensive Outp (Medicaid); Assessment: Mental Status Exam (MSE); Outpatient | | |
| Other Services: | Sliding Fee Scale; | | | |
| Cochran, Virginia | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Assessment Services Substance Abuse Evaluations; Juvenile N | curring Treatment; Adult N | |
| | | amily; Juvenile Non-Residential Services Outpatient - Individual; J | | |

| Name | Agency | Address | Phone | Fax |
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| Glesinger, Kayla | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juveni | ssessment Services Substance Abuse Evaluations; Adult Non-Re ups; Adult Non-Residential Services Outpatient - Family; Adult No Occurring Treatment; Adult Non-Residential Services Intensive Ou ervices Substance Abuse Evaluations; Juvenile Non-Residential S le Non-Residential Services Outpatient - Family; Juvenile Non-Re co-Occurring Treatment; Juvenile Non-Residential Services Intensity | on-Residential Services Ou utpatient Treatment; Adult Services Intervention/Educa esidential Services Outpati | tpatient - Individual; Residential Services ation; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Ment by-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy | | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | | al; Adult Non-Residential S ce Abuse Evaluations; Juv | ervices Intensive enile Non- |
| | | ental Health; Outpatient Therapy including Family Sessions-Ment by-Co-occurring; Assessment: Pre-Treatment Assessment (Medic | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 (| (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential S ervices Substance Abuse I e Non-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Anger Management Class; Non-Treatment: Intensive Family Preservation; Non-Treatment: Anger Management Class; Non-Treatment: Anger Management Class; Non-Treatment: Intensive Family Preservation; Non-Treatment: Anger Management Class; Non-Treatment: Intensive Class Family Preservation; Non-Treatment: Anger Management Class; Non-Treatment: Intensive Outpatient Family Preservation; Non-Treatment: Anger Management Class; Non-Treatment: Intensive Outpatient Family Preservation; Non-Treatment: Intensive Outpatient: Anger Management Class; Non-Treatment: Intensive Outpatient Family Preservation; Non-Treatment: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Therapy-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy-Individual-Intensive Outpatient: Intensive Outpatient Therapy-Vouth Who Sexually Harm; Assessment: Pre-Treatment Assessment: (Medicaid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Mealth; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy-Vouth Who Sexually Harm; Assessment: Recircus Respite Care; Outpatient Therapy - Eating Disorder; Assessment: Intensive Outpatient: Intensive Outpatient Therapy - Indiv | | | | | |
|---|---------------------------|---|--|--|--|
| Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient: Arger Management Class; Non-Treatment: Intensive Family Preservation; Non-Treatment: Arger Management Class; Non-Treatment: Intensive Family Preservation; Non-Treatment: Arger Management Class; Non-Treatment Arger Management Class; Non- | Name | Agency | Address | Phone | Fax |
| Meyer, Jacquelyn Building Blocks 118 N. 5th Street O'Neill NB 68763 (402)336-4841 (402)336-4851 Meyer, Jacquelyn Building Blocks 118 N. 5th Street O'Neill NB 68763 (402)336-4841 (402)336-485 Substance Abuse Services: Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy-Mental Health; Outpatient Therapy-Co-Cuptatient Therapy - Cating Intensive Outpatient Therapy-Mental Health; Outpatient Therapy-Co-Cuptatient Therapy - Cating Milander-Mace, Amanda Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-966 Substance Abuse Services: Mental Health Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (PCA); Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Millard, Laurie Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-966 Substance Abuse Services: Mental Health Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: (402)371-3044 (402)37 | Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Co-Occurri | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- ing; Non-Treatment: Intensive Family Preservation; Non-Treatment: <i>i</i> | Co-occurring; Asses | sment: Pre-Treatme |
| Substance Abuse Services: (dipleted of the services: Mental Health Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy-Mental Health; Intensive Outpatient Therapy-Substance Abuse Services: Milander-Mace, Amanda Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-96 Substance Abuse Services: Outpatient Therapy - Council of the services: Outpatient Therapy - Council of the services: (402)371-3044 (402)371-96 Milander-Mace, Amanda Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-96 Substance Abuse Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health (402)371-96 Substance Abuse Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health (402)371-96 Substance Abuse Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health (402)371-96 Millard, Laurie Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-96 Substance Abuse Services: Mental Health Services: Outpatient Therapy - Fating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); | Other Services: | | | | |
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health: Outpatient Therapy-Mental Health: Intensive Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (Relative/Kinship); Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental Health; Milander-Mace, Amanda Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-966 Substance Abuse Services: Mental Health: Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Milard, Laurie Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-966 Substance Abuse Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Treatment: Intensive Care; Soutpatient Therapy - Individual-Mental Health (402)371-966 Millard, Laurie Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-964 (402)371-966 Substance Abuse Services: Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: | Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient (Medicaid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foste (Relative/Kinship); Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental Health Other Services: Melander-Mace, Amanda Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-96 Substance Abuse Services: Mental Health Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Treatment: Intensive Family Preservation; Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health Other Services: Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Mental Health Services: Totacker: Contracted Services: Tracker: Co | Substance Abuse Services: | | | | |
| Disorder: Outpatient Therapy - Co-occurring: Intensive Outpatient: Intensive Outpatient: Mental Health; Intensive Outpatient: Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foste (Relative/Kinship); Out-Of-Home: Foste (Relative/Kinship); Out-Of-Home: Foste (Relative/Kinship); Out-Of-Home: Foste (Relative/Kinship); Out-Of-Home: Foste (Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental Health Milander-Mace, Amanda Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-96 Substance Abuse Services: Mental Health Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Treatment: Intensive Family Preservation; Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health Millard, Laurie Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-96 Substance Abuse Services: Mental Health Services: Outpatient Therapy : Pre-Treatment Assessment (bio-psychosocial) (402)371-96 Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) (402)371-96 Substance Abuse Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) (402)371-96 Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) (402)371- | Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Milander-Mace, Amanda Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-96 Substance Abuse Services: Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Treatment: Intensive Family Preservation; Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health Millard, Laurie Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-96 Substance Abuse Services: Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) (402)371-3044 (402)371-96 Substance Abuse Services: Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) (402)371-96 Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Ococcurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental State M(MEE); Contracted Services: Tracker; Contracted Services: Electronic Monitoring; Non-Treatment: Family Support Worker; Non-Treatment: Tracker (Except Douglas County); Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Non-Treatment: Day Reporting; Non | Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens : Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | sive Outpatient: Inter Exam (MSE); Out-0 | nsive Outpatient Df-Home: Foster Car |
| Substance Abuse Services: (tel)/2014 Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Treatment: Intensive Family Preservation; Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health Other Services: Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-96 Substance Abuse Services: Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) (uppatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy -Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental State Exam (MSE); Contracted Services: Tracker; Contracted Services: Electronic Monitoring; Non-Treatment: Family Support Worker; Non-Treatment: Tracke (Except Douglas County); Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Me Health | Other Services: | | | | |
| Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Treatment: Intensive Family Preservation; Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health Other Services: Millard, Laurie Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-966 Substance Abuse Services: Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) (402)371-3044 (402)371-966 Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Uppatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Uppatient Therapy including Group Sessions-Mental Health; Outpatient Therapy-Mental Health; Outpatient Therapy - Eating Disorder; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient Therapy - Eating Disorder; Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Ere-Treatment Assessment (Medicaid); Assessment: Mental Sta Exam (MSE); Contracted Services: Tracker; Contracted Services: Electronic Monitoring; Non-Treatment: Supervised Visitation; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Me Health | Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Juvenile Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Treatment: Intensive Family Preservation; Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health Other Services: Millard, Laurie Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-96 Substance Abuse Services: Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Community Treatment Aide; Intensive Outpatient: Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient: Therapy Mental Health; Intensive Outpatient: Intensive Outpatient: Therapy Mental Health; Intensive Outpatient: Intensiv | Substance Abuse Services: | | | | |
| Treatment: Intensive Family Preservation; Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health Other Services: Millard, Laurie Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-96 Substance Abuse Services: Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient: Even ing Reporting; Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Non-Treatment: Day Reporting; Non- Treatment: Evening Reporting; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Me Health | Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Millard, Laurie Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 (402)371-96 Substance Abuse Services: Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Uptatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Pre-Treatment Assessment: (Medicaid); Assessment: Mental Sta Exam (MSE); Contracted Services: Tracker; Contracted Services: Electronic Monitoring; Non-Treatment: Family Support Worker; Non-Treatment: Tracker (Except Douglas County); Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Me Health | Juvenile Services: | | | | nent (Medicaid); Non |
| Substance Abuse Services: Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Sta Exam (MSE); Contracted Services: Tracker; Contracted Services: Electronic Monitoring; Non-Treatment: Family Support Worker; Non-Treatment: Tracker (Except Douglas County); Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Non-Treatment: Day Reporting; Non- Treatment: Evening Reporting; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Me Health | Other Services: | | | | |
| Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient- Eatin Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Sta Exam (MSE); Contracted Services: Tracker; Contracted Services: Electronic Monitoring; Non-Treatment: Family Support Worker; Non-Treatment: Tracke (Except Douglas County); Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Non-Treatment: Day Reporting; Non- Treatment: Evening Reporting; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Me Health | Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient- Eatin Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Sta Exam (MSE); Contracted Services: Tracker; Contracted Services: Electronic Monitoring; Non-Treatment: Family Support Worker; Non-Treatment: Tracker (Except Douglas County); Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Non-Treatment: Day Reporting; Non- Treatment: Evening Reporting; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Me Health | Substance Abuse Services: | | | | |
| Disorder; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient- Eatin Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Sta Exam (MSE); Contracted Services: Tracker; Contracted Services: Electronic Monitoring; Non-Treatment: Family Support Worker; Non-Treatment: Tracke (Except Douglas County); Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Non-Treatment: Day Reporting; Non- Treatment: Evening Reporting; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Me Health | Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Juvenile Services: | Disorder; Community Treatment Aide; Intensive O Disorder; Intensive Outpatient: Intensive Outpatie Exam (MSE); Contracted Services: Tracker; Cont (Except Douglas County); Non-Treatment: Intens Treatment: Evening Reporting; Non-Treatment: A | Dutpatient: Intensive Outpatient Therapy-Mental Health; Intensive Ou ent Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (tracted Services: Electronic Monitoring; Non-Treatment: Family Supp ive Family Preservation; Non-Treatment: Supervised Visitation; Non- | tpatient: Intensive O Medicaid); Assessm ort Worker; Non-Tre Treatment: Day Rep | utpatient- Eating ent: Mental Status atment: Tracker orting; Non- |
| | Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Adult N idual; Adult Non-Residential Services Outpatient - Co-Occurring T | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res | ssessment Services Substance Abuse Evaluations; Adult Non-Res lult Non-Residential Services Outpatient - Individual; Adult Non-Re sive Outpatient Treatment; Adult Residential Services Short Term I sidential Services Outpatient - Groups; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatmer | sidential Services Outr Residential; Juvenile A ervices Outpatient - Fa | batient - Co-Occurring ssessment Services mily; Juvenile Non- |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental yy-Co-occurring; Assessment: Pre-Treatment Assessment (Medica ent: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| | | agement; Pre-Treatment Assessment (bio-psychosocial); Psychol | - | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Assessment: Risk Assessment; Outpatient Therapy - Individual | ental Health; Outpatient Therapy - Eating Disorder; Outpatient The Mental Status Exam (MSE); Assessment: Psychological Evaluatio I-Mental Health | rapy - Co-occurring; As n; Assessment: Juveni | ssessment: Pre- ile Who Sexually Harm |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential vices Substance Abus Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | | | | |
| | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient The | erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Swantek, Mallory | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual rvices Intervention/Education; Juvenile Non-Residential Services (| l; Juvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile idividual; Juvenile Non-Residential Services Outpatient - Co-Occu (bio-psychosocial); Co-Occurring | l; Adult Non-Residential rvices Substance Abuse Non-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| | | ental Health; Outpatient Therapy including Family Sessions-Menta by-Co-occurring; Assessment: Pre-Treatment Assessment (Medica | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; patient - Individual; Juvenile Non-Residential Services Outpatient - | t - Family; Adult Non-Re Services Substance Ab Juvenile Non-Residenti | sidential Services use Evaluations; al Services Outpatien |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | atment Assessment (bio- | psychosocial); Co- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Wattier, Mary Rose | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential Ses Substance Abuse En- N-Residential Services | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio-p | sychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Outpoccurring; Assessment: Co-Occurring; Outpatient | patient: Intensive Outpatient Therapy-Mental Health; Intensive Outpati Therapy - Individual-Mental Health | ient: Intensive Outpat | ient Therapy-Co- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Brandyberry, Kyle | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Educat nt - Family; Adult Non-Residential Services Outpatient - Indivi Services Intensive Outpatient Treatment; Juvenile Assessmen Juvenile Non-Residential Services Outpatient - Groups; Juve Idividual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential Se t Services Substance Abuse E nile Non-Residential Services | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-M by-Co-occurring; Assessment: Pre-Treatment Assessment (Me Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Osborne, Rhonda | Region II- Human Services | 401 West 1st Street Ogallala NB 69153 | (308)284-6767 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | | | |
| Montal Hoalth Sonicaes | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | nt - Family; Adult Non-Residential Services Outpatient - Indivi ervices Substance Abuse Evaluations; Juvenile Non-Residen uvenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment | dual; Adult Non-Residential Se tial Services Intervention/Educ | ervices Outpatient - ation; Juvenile |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | nt - Fami ^I y; Adult Non-Residential Services Outpatient - Indivi ervices Substance Abuse Evaluations; Juvenile Non-Residen uvenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment (bio-psychosocial); Co-Occurring | dual; Adult Non-Residential Se tial Services Intervention/Educ Non-Residential Services Out | ervices Outpatient - ation; Juvenile patient - Individual |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | nt - Family; Adult Non-Residential Services Outpatient - Indivi ervices Substance Abuse Evaluations; Juvenile Non-Residen uvenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment | dual; Adult Non-Residential Se tial Services Intervention/Educ Non-Residential Services Out ental Health; Outpatient Therap | ervices Outpatient - ation; Juvenile patient - Individual py - Co-occurring; |
| Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | nt - Family; Adult Non-Residential Services Outpatient - Indivi ervices Substance Abuse Evaluations; Juvenile Non-Residen uvenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-M | dual; Adult Non-Residential Se tial Services Intervention/Educ Non-Residential Services Out ental Health; Outpatient Therap | ervices Outpatient - ation; Juvenile patient - Individual py - Co-occurring; |
| Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Mental Health | nt - Family; Adult Non-Residential Services Outpatient - Indivi ervices Substance Abuse Evaluations; Juvenile Non-Residen uvenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-M | dual; Adult Non-Residential Se tial Services Intervention/Educ Non-Residential Services Out ental Health; Outpatient Therap | ervices Outpatient - ation; Juvenile patient - Individual; py - Co-occurring; |
| Juvenile Services: Other Services: Starman, Beverly | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Mental Health Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | nt - Family; Adult Non-Residential Services Outpatient - Indivi ervices Substance Abuse Evaluations; Juvenile Non-Residen uvenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-M aid); Assessment: Mental Status Exam (MSE); Assessment: C | dual; Adult Non-Residential Se tial Services Intervention/Educ e Non-Residential Services Out ental Health; Outpatient Thera Co-Occurring; Outpatient Thera (402)370-3140 tion; Adult Non-Residential Ser dual; Adult Non-Residential Se t Services Substance Abuse E enile Non-Residential Services | ervices Outpatient - ation; Juvenile patient - Individual py - Co-occurring; py - Individual- vices Outpatient - ervices Outpatient - valuations; Juvenil Outpatient - Family |
| Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Mental Health Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | nt - Family; Adult Non-Residential Services Outpatient - Indivi ervices Substance Abuse Evaluations; Juvenile Non-Residen uvenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-M aid); Assessment: Mental Status Exam (MSE); Assessment: C 4432 Sunrise Place Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Educat nt - Family; Adult Non-Residential Services Outpatient - Indivi Services Intensive Outpatient Treatment; Juvenile Assessment Juvenile Non-Residential Services Outpatient - Groups; Juve idividual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential Se tial Services Intervention/Educ e Non-Residential Services Out ental Health; Outpatient Thera Co-Occurring; Outpatient Thera (402)370-3140 tion; Adult Non-Residential Ser dual; Adult Non-Residential Se t Services Substance Abuse E enile Non-Residential Services | ervices Outpatient - ation; Juvenile patient - Individual py - Co-occurring; py - Individual- vices Outpatient - ervices Outpatient - valuations; Juvenile Outpatient - Family |

| Name | Agency | Address | Phone | Fax | |
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| Other Services: | Sliding Fee Scale; | | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - ndividual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non- Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation | | | | |
| Juvenile Services: | utpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who exually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment ssessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk ssessment; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | Sliding Fee Scale; | | | | |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient uvenile Non-Residential Services Intensive Outpatient Treatment | Family; Adult Non-Re ervices Intensive Out ; Juvenile Non-Resic | sidential Services patient Treatment; ential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dunlop, Terry | Counseling and Enrichment Center | 118 N 5th Street O'Neill NB 68763 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy-Mental Health; Assessment: Education Class; Outpatient Therapy - Individual- | ental Health; Outpatient Therapy including Family Sessions-Mental H Pre-Treatment Assessment (Medicaid); Non-Treatment: Anger Mana Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment S iducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient | Family; Adult Non-Re ervices Substance At I; Juvenile Non-Resid | sidential Services buse Evaluations; lential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy including Family Sessions-Mental H Health | lealth; Outpatient The | erapy - Eating |
| Other Services: | Sliding Fee Scale; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| Mental Health Services: | Outpatient - Individual; Adult Non-Residential Sel Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educat al Services Outpatient - Groups; Juvenile Non-Residential Services (enile Non-Residential Services Outpatient - Co-Occurring Treatment; essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-(| Services Intensive Ou tion; Juvenile Non-Re Dutpatient - Family; J Juvenile Non-Reside | patient Treatment; sidential Services uvenile Non- |
| | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Day Treatment Day Treatment-Mental Health; Ass Class; Non-Treatment: General Education Class; Outpatient Therap | lealth; Outpatient The essment: Pre-Treatm | ent Assessment |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Health; Inten t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Statu gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy | sive Outpatient: Inter s Exam (MSE); Out-0 | sive Outpatient Df-Home: Foster Care |
| Other Services | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre- reatment: Anger Management Class; Outpatient Therapy - Individual- | | ent (Medicaid); Non- |
| Other Services: | | | | |
| Obermeyer, Ashley | | 651 W 4th St Chadron NB 69337 | (605)646-3786 | (605)646-4828 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual | Non-Residential Ser | vices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Class; Outpatient Therapy - Individual-Mental He | ental Health; Outpatient Therapy including Family Sessions-Mental He alth | ealth; Non-Treatmen | t: Anger Managemen |
| Other Services: | Sliding Fee Scale; | | | |
| Schawang-Smith, Kim | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adv | | |
| | Co-Occurring Treatment | | | • |
| Mental Health Services: | Co-Occurring Treatment Crisis Stabilization; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Co-Occurring | | · |
| Mental Health Services: Juvenile Services: | | tment Assessment (bio-psychosocial); Co-Occurring | | · |
| Juvenile Services: | | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: Starman, Beverly | Crisis Stabilization; Outpatient Therapy; Pre-Trea Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: | Crisis Stabilization; Outpatient Therapy; Pre-Trea Sliding Fee Scale; Behavioral Health Specialist/Seekers of <u>Serenity</u> Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Met | 4432 Sunrise Place Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential S dult Non-Residential es Substance Abuse n-Residential Service g Treatment; Juvenil | Services Outpatient Services Outpatien Evaluations; Juver Soutpatient - Fam e Non-Residential |

| Name | Agency | Address | Phone | Fax |
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| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Inter Residential Services Outpatient - Groups; Juve | Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult nsive Outpatient Treatment; Juvenile Assessment Services Substance nile Non-Residential Services Outpatient - Individual nt (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurr | Mental Health; Outpatient Therapy including Family Sessions-Mental H ing; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se itatus Exam (MSE); Assessment: Psychological Evaluation; Assessme atient Therapy - Individual-Mental Health | xually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment | Evaluations; Adult Non-Residential Services Intervention/Education; Ac ient - Family; Adult Non-Residential Services Outpatient - Individual; A eatment Assessment (bio-psychosocial); Co-Occurring | | |
| | Disorder; Outpatient Therapy - Co-occurring; As Management Class; Outpatient Therapy - Indivi | Mental Health; Outpatient Therapy including Family Sessions-Mental H ssessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C idual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone Fax |
|---------------------------|---|--|--|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | valuations; Adult Non-Residential Services Intervention/Educati es Outpatient - Groups; Adult Non-Residential Services Outpat rvices Outpatient - Co-Occurring Treatment; Adult Non-Residen Education; Juvenile Non-Residential Services Care Monitoring S ervices Outpatient - Family; Juvenile Non-Residential Services uvenile Non-Residential Services Intensive Outpatient Treatme | ient - Family; Adult Non-Residential Service ntial Services Intensive Outpatient Treatme SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me by-Mental Health; Intensive Outpatient: Intensive Outpatient Th | |
| Other Services: | Sliding Fee Scale; | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 |
| Substance Abuse Services: | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me /e Family Preservation; Outpatient Therapy - Individual-Mental | |
| Other Services: | Sliding Fee Scale; | | ricanii |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 |
| Substance Abuse Services: | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me Health; Assessment: Pre-Treatment Assessment (Medicaid); A ht Therapy - Individual-Mental Health | |
| Other Services: | Sliding Fee Scale; | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 |
| Substance Abuse Services: | | | |
| Mental Health Services: | Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | |
| Other Services: | Sliding Eco Scolo: | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Peralta, Nichole | Karuna Counseling Inc | PO Box 508 Sidney NB 69162 | (308)249-7853 | (308)365-5122 |
| | Individual; Adult Non-Residential Services Outpa | | ult Non-Residential | Services Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 2122 Broadway Scottsbluff NB 69361 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Service reatment | | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatme | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid ent: Family Support Worker; Non-Treatment: Supervised Visitation; No ng; Non-Treatment: Anger Management Class; Non-Treatment: Gene |); Assessment: Men on-Treatment: Tutori | tal Status Exam ng; Non-Treatment: |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance, le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental He g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Ses tus Exam (MSE); Assessment: Psychological Evaluation; Assessmer | ealth; Outpatient The cually Harm; Assess | erapy - Youth Who ment: Pre-Treatment |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| | Name | Agency | Address | Phone | Fax | |
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Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| INAILIE | Agency | Address | FIIOIIE | Гал |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental He essment: Pre-Treatment Assessment (Medicaid); Assessment: Co-O ucation Class; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | |
| Mental Health Services: | | ent | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy | - Individual-Mental ⊢ | lealth |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatme Mediation; Outpatient Therapy - Individual-Mental Health | th; Intensive Outpation of the second seco | ent: Intensive ssessment (Medicaid |
| Other Services: | | | | |
| McNichols, Stephanie | | 422 N Hastings Ave, Suite 206 Hastings NB 68901 | (402)440-6496 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| | Outpatient Therapy; Pre-Treatment Assessment | | | _ |
| | Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Co-occurring |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Patitz, Beverly | New Dimensions Counseling | 223 East 14th, Suite 220 Hastings NB 68901 | (402)519-0159 | (402)463-9169 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluat | ions | |
| | Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatr | | |
| Juvenile Services: | Treatment Assessment (Medicaid); Assessment: | utpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre- eatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Non-Treatment: Intensive Family Preservation; Non eatment: Supervised Visitation; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; J Services Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential ices Substance Abuse on-Residential Service | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalue | Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpati | ental Health; Outpatient Therapy including Family Sessions-Mental I g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who S tus Exam (MSE); Assessment: Psychological Evaluation; Assessme | Health; Outpatient The exually Harm; Assess | erapy - Youth Who ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Thimsen-Villa, Deborah | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (402)984-4508 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax | |
|---------------------------|---|--|---------------|---------------|--|
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Freatment | | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | | patient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric luation; Assessment: Mental Status Exam (MSE); Assessment: Medication Management; Outpatient Therapy - Individual-Mental Health | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barrett-McClendon, | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (888)405-8738 | (531)210-3020 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H essment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bender, Jennifer | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 0 | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Ti | reatment Assessmen | t (Medicaid); Non- |
| | | 2005 40th Street Suite 700 Columbus ND 69604 | (402)606 2004 | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 5 | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occ | urring | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Other Services: | | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial) | | |
| Juvenile Services: | | Mental Health; Outpatient Therapy - Eating Disorder; Intensive (nt (Medicaid); Assessment: Mental Status Exam (MSE); Outpati | | |
| Other Services: | Sliding Fee Scale; | | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial) | | |
| Juvenile Services: | | /lental Health; Outpatient Therapy including Family Sessions-Me ive Family Preservation; Outpatient Therapy - Individual-Mental | | Pre-Treatment |
| Other Services: | Bilingual Services; | | | |
| Cornwell, Shelli | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | |
| | Monitoring SA/MH; Adult Non-Residential Servi Outpatient - Co-Occurring Treatment; Adult Nor Juvenile Assessment Services Substance Abus | | tient - Individual; Adult Non sidential Services Short Te Education; Juvenile Non-Re | -Residential Service rm Residential; esidential Services |
| | 1 137 | Mental Health; Outpatient Therapy - Co-occurring; Assessment: | Co-Occurring; Outpatient | Therapy - Individual- |
| Other Services: | Sliding Fee Scale; | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-N Disorder; Outpatient Therapy - Individual-Menta | Aental Health; Outpatient Therapy including Family Sessions-Meal Health | ental Health; Outpatient Th | erapy - Eating |
| Others Oran Service | | | | |

Other Services:

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|--|---|---|--|--------------------------------|
| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | (402)753-6445 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adut - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental He sessment: Pre-Treatment Assessment (Medicaid); Assessment: Menta I Health | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | ment: Juvenile Who |
| | | | | |
| Other Services: | , , , , , , , , , , , , , , , , , , , | | | |
| | , , , , , , , , , , , , , , , , , , , | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Hunter, Linda Substance Abuse Services: | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psych | | (402)685-4132 |
| Hunter, Linda Substance Abuse Services: Mental Health Services: | Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso | | nological Evaluation ealth; Outpatient The int: Mental Status Ex | erapy - Youth Who am (MSE); |
| Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: | Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psychental Health; Outpatient Therapy including Family Sessions-Mental Herder; Assessment: Pre-Treatment Assessment (Medicaid); Assessme | nological Evaluation ealth; Outpatient The int: Mental Status Ex | erapy - Youth Who am (MSE); |
| Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: | Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Assessment: Psychological Evaluation; Assessm | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psychental Health; Outpatient Therapy including Family Sessions-Mental Herder; Assessment: Pre-Treatment Assessment (Medicaid); Assessme | nological Evaluation ealth; Outpatient The int: Mental Status Ex | erapy - Youth Who am (MSE); |
| Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Assessment: Psychological Evaluation; Assessm Sliding Fee Scale; Community Justice Center | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psychental Health; Outpatient Therapy including Family Sessions-Mental Herder; Assessment: Pre-Treatment Assessment (Medicaid); Assessme ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Thera | nological Evaluation ealth; Outpatient The nt: Mental Status Ex apy - Individual-Ment | erapy - Youth Who am (MSE); |
| Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Jones, James | Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Assessment: Psychological Evaluation; Assessm Sliding Fee Scale; Community Justice Center | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psychental Health; Outpatient Therapy including Family Sessions-Mental Herder; Assessment: Pre-Treatment Assessment (Medicaid); Assessme ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Thera | nological Evaluation ealth; Outpatient The nt: Mental Status Ex apy - Individual-Ment | erapy - Youth Who am (MSE); |
| Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Assessment: Psychological Evaluation; Assessm Sliding Fee Scale; Community Justice Center | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psychestal Health; Outpatient Therapy including Family Sessions-Mental Herder; Assessment: Pre-Treatment Assessment (Medicaid); Assessme ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Therapy PO Box 22746 Lincoln NB 68542 | nological Evaluation ealth; Outpatient The nt: Mental Status Ex apy - Individual-Ment | erapy - Youth Who am (MSE); |

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| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|--|--|
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| Juvenile Services: Other Services: | Intensive Outpatient: Intensive Outpatient Therap | ntal Health; Outpatient Therapy including Family Sessions-Mental Hey- y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- ng; Non-Treatment: Intensive Family Preservation; Non-Treatment: A dividual-Mental Health | Co-occurring; Asses | sment: Pre-Treatment |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre- eatment: Anger Management Class; Outpatient Therapy - Individual- | | ent (Medicaid); Non- |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | |
| Juvenile Services: | Disorder; Community Treatment Aide; Intensive O Disorder; Intensive Outpatient: Intensive Outpatie Exam (MSE); Contracted Services: Tracker; Cont (Except Douglas County); Non-Treatment: Intensi | ntal Health; Outpatient Therapy including Family Sessions-Mental He Dutpatient: Intensive Outpatient Therapy-Mental Health; Intensive Out nt Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (racted Services: Electronic Monitoring; Non-Treatment: Family Supp ive Family Preservation; Non-Treatment: Supervised Visitation; Non- nger Management Class; Non-Treatment: General Education Class; | tpatient: Intensive O Medicaid); Assessm ort Worker; Non-Tre Treatment: Day Rep | utpatient- Eating ent: Mental Status atment: Tracker orting; Non- |
| Other Services: | Bilingual Services; | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | | ation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-O e Non-Residential Services Intervention/Education; Juvenile Non ndividual; Juvenile Non-Residential Services Outpatient - Co-O | Occurring Treatment; Juve n-Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Outpatient Therapy - Individual-Mental Health | lental Health; Assessment: Pre-Treatment Assessment (Medica | id); Assessment: Mental S | status Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residenti | valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpati ervices Outpatient - Co-Occurring Treatment; Adult Non-Resider e Evaluations; Juvenile Non-Residential Services Intervention/E tal Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment | ent - Family; Adult Non-Re ntial Services Intensive Ou ducation; Juvenile Non-Re ices Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Health | lental Health; Assessment: Pre-Treatment Assessment (Medica | id); Outpatient Therapy - I | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Man | nagement; Pre-Treatment Assessment (bio-psychosocial); Psyc | hological Evaluation | |
| Juvenile Services: | | lental Health; Outpatient Therapy - Eating Disorder; Outpatient : Mental Status Exam (MSE); Assessment: Psychological Evalu | | |
| Other Services: | | | | |
| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individ Services Substance Abuse Evaluations; Juvenile Non-Residentia uvenile Non-Residential Services Outpatient - Family; Juvenile Co-Occurring Treatment | ual; Adult Non-Residential al Services Intervention/Ec | Services Outpatient |
| | Outpatient Therapy; Pre-Treatment Assessment | 0 | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; , Services Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N idividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia ices Substance Abus Ion-Residential Servic | l Services Outpatient - e Evaluations; Juvenil ces Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental I aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient Th | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental I g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who S itus Exam (MSE); Assessment: Psychological Evaluation; Assessme | Health; Outpatient The exually Harm; Assess | erapy - Youth Who sment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Trotta, Beverly | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)942-9007 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment S ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - C | Family; Adult Non-Re Services Substance Al uvenile Non-Resident | esidential Services buse Evaluations; ial Services Outpatier |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatr | nent Assessment (bic | p-psychosocial); Co- |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| NameAgencyAddressPhoneFax | |
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Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Adult Residential Servic | al; Adult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Sliding Fee Scale; | | | |
| Barrett-McClendon, | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (888)405-8738 | (531)210-3020 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment So ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Service | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | atment Assessment (bio- | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M | ental Health; Outpatient Therapy including Family Sessions-Ment sessment: Pre-Treatment Assessment (Medicaid); Assessment: C | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult F Assessment Services Substance Abuse Evaluati Monitoring SA/MH; Juvenile Non-Residential Ser | ssessment Services Substance Abuse Evaluations; Adult Non-Re SA/MH; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Residential Services Dual Residential (MH/SA); Adult Residential ions; Juvenile Non-Residential Services Intervention/Education; J rvices Outpatient - Groups; Juvenile Non-Residential Services Ou esidential Services Outpatient - Co-Occurring Treatment; Juvenile | It Non-Residential Servic courring Treatment; Adult Services Short Term Res uvenile Non-Residential ttpatient - Family; Juvenil | ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Ment ensive Outpatient: Intensive Outpatient Therapy-Mental Health; In ent Assessment (Medicaid); Assessment: Co-Occurring; Non-Tre | tensive Outpatient: Inten | sive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Bender, Jennifer | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | • |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individ Services Substance Abuse Evaluations; Juvenile Non-Residentia uvenile Non-Residential Services Outpatient - Family; Juvenile I co-Occurring Treatment | ual; Adult Non-Residential al Services Intervention/Ec | Services Outpatien lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy including Family Sessions-M Treatment: Intensive Family Preservation; Outpa | ental Health; Outpatient Therapy - Co-occurring; Assessment: I tient Therapy - Individual-Mental Health | Pre-Treatment Assessmen | t (Medicaid); Non- |
| Other Services: | | | | |
| Bender-Brummels, Jennifer | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Family; Juvenile Non-Resid | • | ual; Juvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy - Eating Disorder; Assessmen | t: Co-Occurring; Outpatien | t Therapy - Individua |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bendy, Laurie | | 13906 Gold Circle, Suite 202 Omaha NB 68144 | (402)932-6500 | (402)932-6504 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-0 | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | 0 | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; li t: Pre-Treatment Assessment (Medicaid); Assessment: Mental s arapy - Individual-Mental Health | | |
| Other Services: | , | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Intensive Outpa (Medicaid); Assessment: Mental Status Exam (MSE); Outpatient T | | |
| Other Services: | Sliding Fee Scale; | | | |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Community Treatment Aide; Non-Treatment: Fan | nily Support Worker | | |
| Other Services: | | | | |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy including Family Sessions-Mental Health | Health; Outpatient The | erapy - Eating |
| Other Services: | | | | |
| Glesinger, Kayla | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juveni | ssessment Services Substance Abuse Evaluations; Adult Non-Resi ups; Adult Non-Residential Services Outpatient - Family; Adult Non- Occurring Treatment; Adult Non-Residential Services Intensive Outp rvices Substance Abuse Evaluations; Juvenile Non-Residential Ser le Non-Residential Services Outpatient - Family; Juvenile Non-Resi o-Occurring Treatment; Juvenile Non-Residential Services Intensiv | Residential Services C patient Treatment; Adu vices Intervention/Edu dential Services Outpation | Dutpatient - Individua Ilt Residential Servic ucation; Juvenile Nor atient - Individual; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental by-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - I | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | • | • |
| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | (402)753-6445 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H essment: Pre-Treatment Assessment (Medicaid); Assessment: Ment I Health | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | | dult Non-Residential buse Evaluations; Ju | Services Intensive |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental He yy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psych | hological Evaluation | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso | ental Health; Outpatient Therapy including Family Sessions-Mental Herder; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Juvenile Who Sexually Harm Risk Assessment; Outpatient There | ent: Mental Status Ex | |

| Name | Agency | Address | Phone | Fax |
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| | Mental Health | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessmer ; Juvenile Non-Residential Services Outpatient - Groups; Juve ndividual; Juvenile Non-Residential Services Outpatient - Co-C | idual; Adult Non-Residential t Services Substance Abuse enile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-M py-Mental Health; Intensive Outpatient: Intensive Outpatient T ring; Non-Treatment: Intensive Family Preservation; Non-Trea ndividual-Mental Health | herapy-Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen | ental Health; Outpatient Therapy including Family Sessions-M ensive Outpatient: Intensive Outpatient Therapy-Mental Health t: Pre-Treatment Assessment (Medicaid); Assessment: Menta gency Supported); Out-Of-Home: Respite Care; Outpatient Th | n; Intensive Outpatient: Inter al Status Exam (MSE); Out-0 | sive Outpatient Df-Home: Foster Care |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocia | l) | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Treatment: Intensive Family Preservation; Non-T | lental Health; Outpatient Therapy - Eating Disorder; Assessme reatment: Anger Management Class; Outpatient Therapy - Inc | ent: Pre-Treatment Assessm dividual-Mental Health | ent (Medicaid); Non- |
| Other Consistent | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax | |
|---------------------------|---|--|---|---|--|
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Adult No idual; Adult Non-Residential Services Outpatient - Co-Occurring Tree | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring | ring Treatment; Juver | nile Assessment | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); A | ssessment: Mental S | tatus Exam (MSE); | |
| Other Services: | Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; | | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 | |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Reside dult Non-Residential Services Outpatient - Individual; Adult Non-Reside sive Outpatient Treatment; Adult Residential Services Short Term Re sidential Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; | dential Services Outp sidential; Juvenile As vices Outpatient - Far | atient - Co-Occurring sessment Services nily; Juvenile Non- | |
| | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | | |
| | Intensive Outpatient: Intensive Outpatient Therap Assessment: Psychological Evaluation; Assessm | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) ient: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog | ical Evaluation | | |
| | Outpatient Therapy including Family Sessions-M Treatment Assessment (Medicaid); Assessment: Risk Assessment; Outpatient Therapy - Individua | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Psychological Evaluation; Il-Mental Health | py - Co-occurring; As Assessment: Juvenil | sessment: Pre- e Who Sexually Harr | |
| Other Services: | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser venile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Co-occurring; Assessment: Pre-Treatme Health | ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi ent Assessment (Medicaid); Non-Treatment: Anger Management Clas | sive Outpatient: Inten | sive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | | Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir (bio-psychosocial) | | es Outpatient - Famil |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ng Treatment; Juveni | es Outpatient - Famil le Non-Residential |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me | idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental H | ng Treatment; Juveni | es Outpatient - Family le Non-Residential |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Eve Groups; Adult Non-Residential Services Outpatien Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual | dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | ng Treatment; Juveni ealth; Outpatient The (402)371-3044 lult Non-Residential s uvenile Assessment | es Outpatient - Family le Non-Residential erapy - Co-occurring; Services Outpatient - Services Substance |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Abuse Evaluations; Juvenile Non-Residential Services Outpatient Services Outpatient - Individual Outpatient Therapy; Co-Occurring | dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health 2420 15th St Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Out | ng Treatment; Juveni ealth; Outpatient The (402)371-3044 lult Non-Residential s uvenile Assessment | es Outpatient - Family le Non-Residential erapy - Co-occurring; Services Outpatient - Services Substance |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Abuse Evaluations; Juvenile Non-Residential Services Outpatient Services Outpatient - Individual Outpatient Therapy; Co-Occurring Assessment: Pre-Treatment Assessment (Medica | dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health 2420 15th St Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Out | ng Treatment; Juveni ealth; Outpatient The (402)371-3044 lult Non-Residential s uvenile Assessment | es Outpatient - Family le Non-Residential erapy - Co-occurring; Services Outpatient - Services Substance |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Abuse Evaluations; Juvenile Non-Residential Services Outpatient Services Outpatient - Individual Outpatient Therapy; Co-Occurring Assessment: Pre-Treatment Assessment (Medica | dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health 2420 15th St Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Out | ng Treatment; Juveni ealth; Outpatient The (402)371-3044 lult Non-Residential s uvenile Assessment | es Outpatient - Family le Non-Residential erapy - Co-occurring; Services Outpatient - Services Substance |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Abuse Evaluations; Juvenile Non-Residential Services Outpatient Services Outpatient - Individual Outpatient Therapy; Co-Occurring Assessment: Pre-Treatment Assessment (Medica | dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health 2420 15th St Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Out | ng Treatment; Juveni ealth; Outpatient The (402)371-3044 lult Non-Residential s uvenile Assessment | es Outpatient - Family le Non-Residential erapy - Co-occurring; Services Outpatient - Services Substance |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Turner-Beardslee, Nicole | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatient Abuse Evaluations; Juvenile Non-Residential Services Outpatient Services Outpatient - Individual Outpatient Therapy; Co-Occurring Assessment: Pre-Treatment Assessment (Medica Nicole Turner Beardslee Counseling | Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health 2420 15th St Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient al Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient al Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient; Juvenile Non-Residential Services Intervention/Education; Advit N | ng Treatment; Juveni ealth; Outpatient The (402)371-3044 lult Non-Residential S uvenile Assessment patient - Groups; Juv (402)649-6208 | es Outpatient - Family le Non-Residential erapy - Co-occurring; Services Outpatient - Services Substance /enile Non-Residentia (888)861-8730 |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Turner-Beardslee, Nicole Substance Abuse Services: Mental Health Services: | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatient Abuse Evaluations; Juvenile Non-Residential Services Outpatient Therapy; Co-Occurring Assessment: Pre-Treatment Assessment (Medica Nicole Turner Beardslee Counseling Adult Assessment Services Substance Abuse Eva Individual; Adult Non-Residential Services Outpate Outpatient Therapy; Pre-Treatment Assessment (| dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health 2420 15th St Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Out aid); Non-Treatment: Family Support Worker 221 E Grant St Wes Point NB 68788 aluations; Adult Non-Residential Services Intervention/Education; Ad tient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring | ng Treatment; Juveni ealth; Outpatient The (402)371-3044 lult Non-Residential S uvenile Assessment patient - Groups; Juv (402)649-6208 lult Non-Residential S | es Outpatient - Family le Non-Residential erapy - Co-occurring; Services Outpatient - Services Substance /enile Non-Residentia (888)861-8730 Services Outpatient - |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Turner-Beardslee, Nicole Substance Abuse Services: Mental Health Services: | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatient Abuse Evaluations; Juvenile Non-Residential Services Outpatient Therapy; Co-Occurring Assessment: Pre-Treatment Assessment (Medica Nicole Turner Beardslee Counseling Adult Assessment Services Substance Abuse Eva Individual; Adult Non-Residential Services Outpate Outpatient Therapy; Pre-Treatment Assessment (| Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health 2420 15th St Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient al Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient al Services Outpatient; S | ng Treatment; Juveni ealth; Outpatient The (402)371-3044 lult Non-Residential S uvenile Assessment patient - Groups; Juv (402)649-6208 lult Non-Residential S | es Outpatient - Famil le Non-Residential erapy - Co-occurring; Services Outpatient - Services Substance /enile Non-Residentia (888)861-8730 Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
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| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H | | |
| | Intensive Outpatient: Intensive Outpatient Therap Therapy - Individual-Mental Health | y-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid |); Assessment: Co-O | ccurring; Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; Adus Soutpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re ervices Substance Ab venile Non-Residenti | sidential Services use Evaluations; al Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | psychosocial); Co- |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Non-Treatment: Anger Managemer Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Wright, Chad | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | SH); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Outpatient: Intensive Outpatient Therapy-Youth V | tion ental Health; Outpatient Therapy - Youth Who Sexually Harm; Comn Vho Sexually Harm; Assessment: Pre-Treatment Assessment (Medic e Family Preservation; Outpatient Therapy - Individual-Mental Health | caid); Assessment: Ju | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |

| Name | Agency | Address | Phone | Fax |
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| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| | | valuations; Juvenile Assessment Services Substance Abu Co-Occurring; Adults who Sexually Harm Evaluation | use Evaluations | |
| Boyce, Shelley | Shelley K Boyce, LIMHP, CPC | 314 S 14th St Suite 101 Ord NB 68862 | (308)728-9979 | (308)728-9980 |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M | (bio-psychosocial) ental Health; Outpatient Therapy - Eating Disorder; Outpa | atient Therapy - Individual-Menta | I Health |
| Other Services: | Sliding Fee Scale; | | | |
| Brandyberry, Kyle | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Juvenile Assess; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - | Individual; Adult Non-Residential sment Services Substance Abuse Juvenile Non-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessio by-Co-occurring; Assessment: Pre-Treatment Assessmer | | |
| Dunlop, Terry | Counseling and Enrichment Center | 118 N 5th Street O'Neill NB 68763 | (308)830-0612 | |
| | | ental Health; Outpatient Therapy including Family Sessio Pre-Treatment Assessment (Medicaid); Non-Treatment: | | |

| Name | Agency | Address | Phone | Fax |
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| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Disorder; Day Treatment Day Treatment-Mental I Treatment: Anger Management Class; Outpatient | ental Health; Outpatient Therapy including Family Sessions-Mental H Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessi t Therapy - Individual-Mental Health | ealth; Outpatient The ment: Mental Status I | rapy - Eating Exam (MSE); Non- |
| Other Services: | Sliding Fee Scale; | | | |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient (bio-psychosocial) | Family; Adult Non-Re ervices Substance Ab ; Juvenile Non-Resid | sidential Services use Evaluations; ential Services |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | rapy - Eating |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kennedy, Jr., William T. | | 2267 N Webb Rd Grand Island NB 68803 | (308)390-6948 | (308)624-2164 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | lult Non-Residential S | ervices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 124 West 25th Street Suite B4 Kearney NB 68847-4473 | (308)708-9379 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C nile Non-Residential Services | Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Res | sidential Services patient Treatment; sidential Services |

| Substance Abuse Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive; Outpatient: Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive; Outpatient: Medicaid); Assessment: Mental Status Exam (M (Relative/Kinship); Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual Other Services: Starman, Beverly Behavioral Health Specialist/Seekers of Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Assessment Services Substance Abuse Evaluation; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Assessment Services Substance Abuse Evaluation; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (Medicaid); Outpatient Therapy - Individual-Mental Health; Out Assessment: Pre-Treatment Ass | Phone | Fax |
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| Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual Therapy - Individual Mental Health; Outpatient Therapy - Individual Therapy - Individual Health; Outpatient Therapy - Individual Health; Outpatient Therapy - Individual Health; Intensive Outpatient Therapy - Individual Health; Intensive Outpatient Therapy - Individual Therapy - Voutpatient Therapy - Co-cocurring; Intensive Outpatient: Intensive Outpatient Therapy - Mental Health; Intensive Outpatient Therapy - Voutpatient Therapy - Individual Therapy - Voutpatient Therapy - Individual Health; Outpatient Therapy - Individual CRelative/Kinship); Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual Adult Non-Residential Services Outpatient Mental Status Exam (Medicaid); Adult Non-Residential Services Outpatient Agences Substance Abuse Evaluations; Adult Non-Residential Services Outpatient, Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient, Adult Non-Residential Services Outpatient - Services Substance Abuse Services Substance Abuse Services Interventine Kasessment (Peor Forapy; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Assessment Pre- Treatment Assessment (Non-Residential Services Outpatient - Co-Occurring Treatment Services Substance Abuse Services: Substance Abuse Services: Substance Abuse Services: Substance Abuses Services Substance Abuse Services: Substance Abu | | |
| Disorder, Assessment: Pre-Treatment Assessment (Medicaid); Outpatient Therapy - Individual-Mental Health Other Services: Meyer, Jacquelyn Building Blocks 118 N. 5th Street O'Neill NB 68763 (402)33 Substance Abuse Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Out Disorder; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Medicaid); Assessment Medicaid); Assessment Services: Starman, Beverly Behavioral Health Specialist/Seekers of 4432 Sunrise Place Columbus NB 68601 (402)37 Serenity Substance Abuse Services: Adult Non-Residential Services Outpatient Therapy-Individual; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Services: Intensive Outpatient Therapy - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Services Intensive Outpatient Therapy - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Services: Intensive Outpatient Therapy - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Services: Substance Abuse Services: Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring | | |
| Other Services: Sliding Fee Scale; Meyer, Jacquelyn Building Blocks 118 N. 5th Street O'Neill NB 68763 (402)33 Substance Abuse Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial) (402)33 Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (M (Relative/Kinship); Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual Other Services: Starman, Beverly Behavioral Health Specialist/Seekers of 4432 Sunrise Place Columbus NB 68601 (402)37 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Interview Outpatient T-individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Interview Outpatient Treatment: Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Resi | h; Outpatient The | erapy - Eating |
| Substance Abuse Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (M (Relative/Kinship); Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individua Other Services: Behavioral Health Specialist/Seekers of services functions; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Jutvenile Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Jutvenile Non-Residential Services Outpatient - Groups; Jutvenile Non-Residential Services Outpatient - Groups; Jutvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Services: Outpatient Treatment Mental Health Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Sessessment; Pre-Treatment Assessment (Medicaid); Outpatient Therapy - Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Individual; Sessions-Mental Health; Outpatisesessment; Pre-Treatment Assessment (Medicai | | |
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy-Mouth Who Sexually Harr; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (M (Relative/Kinship); Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual Other Services: Starman, Beverly Behavioral Health Specialist/Seekers of 4432 Sunrise Place Columbus NB 68601 (402)37 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Treatment; Services Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Individual; Juvenile Non-Residential Services: Mental Health Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Fee Scale; Stermensky, Dr. Gage 1811 Avenue A Scottsbuff NB 69361 (417)41 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Therapy including Group Sessi | 102)336-4841 | (402)336-4640 |
| Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy-Mental Health; Intensive Outpatient Therapy-Mental Health; Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual Other Services: Starman, Beverly Behavioral Health Specialist/Seekers of 4432 Sunrise Place Columbus NB 68601 (402)37 Serenity Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Services Intervention/Education; Juvenile Non-Residential Services Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Ser | | |
| Disorder; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (M (Relative/Kinship); Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual Other Services: Starman, Beverly Behavioral Health Specialist/Seekers of 4432 Sunrise Place Columbus NB 68601 (402)37 Serenity (402)37 Substance Abuse Services: Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Services Intensive Outpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Juvenile Non-Residential Services Substance Abuse Evaluation; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Fee Scale; Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 (417)41 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non | | |
| Starman, Beverly Behavioral Health Specialist/Seekers of Serenity 4432 Sunrise Place Columbus NB 68601 (402)37 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Services: Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Outpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Fee Scale; Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 (417)41 Substance Abuse Services: Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual | Outpatient: Inter am (MSE); Out-0 | nsive Outpatient Of-Home: Foster Car |
| Serenity Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Services Intensive Outpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 (417)41 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluation; Juvenile Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluation; Adult Non-Residential Services Substance Abuse Evaluation; Pavenile Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Treatment; Juvenile Assessment Services Substance Abu | | |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substate Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Services Intensive Outpatient Treatment Outpatient Treatment Services Outpatient Treatment Services Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health Services Substance Abuse Services: Slotstance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual Mental Health Services: Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual Mental Health Services: Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Mental Health; Outpatient Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psych Juvenile Services: Outpatient Therapy; pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psych Juvenile Services: Outpatient Therapy; including Group Sessions-Mental Health; Outpatient Therapy including Famil | 102)370-3140 | |
| Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health Other Services: Sliding Fee Scale; Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual Mental Health Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Ou | t Non-Residential Substance Abus Residential Servic | Il Services Outpatient e Evaluations; Juven ces Outpatient - Fami |
| Assessment: Pre-Treatment Assessment (Medicaid); Outpatient Therapy - Individual-Mental Health Other Services: Sliding Fee Scale; Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 (417)41 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Substance Abuse Evaluations; Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluation; Psych Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psych Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Family Sessions-Mental Healt | | |
| Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 (417)41 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluation; Bervices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psych Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Family Sessions Fam | h; Outpatient The | erapy - Co-occurring |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Resi Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Eva Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psych Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Family Sessions-Mental Health; Outp | | |
| Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Eva Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psych Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Out | 17)413-0085 | (308)832-4844 |
| Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Out | use Evaluations; | Juvenile Non- |
| Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Out Sevually Harm: Outpatient Therapy - Co-occurring: Intensive Outpatient: Intensive Outpatient Therapy Youth Who Sexually Har | | |
| Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenil Assessment; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | Illy Harm; Assess | sment: Pre-Treatment |
| Other Services: Sliding Fee Scale; | | |

| Name | Agency | Address | Phone | Fax |
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| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Individ ervices Substance Abuse Evaluations; Juvenile Non-Resident H; Juvenile Non-Residential Services Outpatient - Groups; Juve tient - Individual | dual; Adult Non-Residential S ial Services Intervention/Edu | Services Outpatient - cation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | ; Co-Occurring | |
| | | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Educati | | |
| Mental Health Services: | Co-Occurring Treatment | ent - Family; Adult Non-Residential Services Outpatient - Indivio tment Assessment (bio-psychosocial); Co-Occurring | dual; Adult Non-Residential S | Services Outpatient |
| | Co-Occurring Treatment Crisis Phone Line; Outpatient Therapy; Pre-Treat Outpatient Therapy including Group Sessions-Me | tment Assessment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Me sessment: Pre-Treatment Assessment (Medicaid); Assessment | ental Health; Outpatient Thera | apy - Eating |
| Juvenile Services: | Co-Occurring Treatment Crisis Phone Line; Outpatient Therapy; Pre-Treat Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass | tment Assessment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Me sessment: Pre-Treatment Assessment (Medicaid); Assessment | ental Health; Outpatient Thera | apy - Eating |
| Juvenile Services: | Co-Occurring Treatment Crisis Phone Line; Outpatient Therapy; Pre-Treat Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass Management Class; Outpatient Therapy - Individu | tment Assessment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Me sessment: Pre-Treatment Assessment (Medicaid); Assessment | ental Health; Outpatient Thera t: Co-Occurring; Non-Treatme | apy - Eating |
| Juvenile Services: Other Services: Young, Sandra Substance Abuse Services: | Co-Occurring Treatment Crisis Phone Line; Outpatient Therapy; Pre-Treat Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass Management Class; Outpatient Therapy - Individu Sliding Fee Scale; Inner Reflections Counseling Center Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa | tment Assessment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Me sessment: Pre-Treatment Assessment (Medicaid); Assessment ual-Mental Health 101 S. Chestnut, Suite 2 North Platte NB 69101 raluations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- e Assessment Services Substance Abuse Evaluations; Juvenil amily; Juvenile Non-Residential Services Outpatient - Individual | ental Health; Outpatient Thera t: Co-Occurring; Non-Treatme (308)221-6902 ; Adult Non-Residential Servi Occurring Treatment; Adult N le Non-Residential Services (| apy - Eating ent: Anger (308)221-6904 ices Outpatient - Non-Residential Outpatient - Groups |
| Juvenile Services: Other Services: Young, Sandra Substance Abuse Services: Mental Health Services: | Co-Occurring Treatment Crisis Phone Line; Outpatient Therapy; Pre-Treat Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass Management Class; Outpatient Therapy - Individu Sliding Fee Scale; Inner Reflections Counseling Center Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | tment Assessment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Me sessment: Pre-Treatment Assessment (Medicaid); Assessment ual-Mental Health 101 S. Chestnut, Suite 2 North Platte NB 69101 raluations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- e Assessment Services Substance Abuse Evaluations; Juvenil amily; Juvenile Non-Residential Services Outpatient - Individual | ental Health; Outpatient Thera t: Co-Occurring; Non-Treatme (308)221-6902 ; Adult Non-Residential Servi Occurring Treatment; Adult N le Non-Residential Services (al; Juvenile Non-Residential S | apy - Eating ent: Anger (308)221-6904 ices Outpatient - Non-Residential Outpatient - Groups Services Intensive |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Intens : Pre-Treatment Assessment (Medicaid); Assessment: Mental Status rany - Individual-Mental Health | | |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Sliding Fee Scale; Bilingual Services; | | | |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Cochran, Virginia | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Non amily; Juvenile Non-Residential Services Outpatient - Individual; Juv al Services Intensive Outpatient Treatment | ring Treatment; Adult -Residential Services | Non-Residential Outpatient - Groups |

Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

| Agency | Address | Phone | Fax |
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| | | Mental Health; Assess | sment: Pre-Treatment |
| Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Catholic Charities of the Diocese of Sioux City | 1601 Military Rd Sioux City IA 51103 | (712)252-4547 | (712)252-3785 |
| | | | |
| Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Sliding Fee Scale; | | | |
| Catholic Charities of the Diocese of Sioux City | 1601 Military Rd Sioux City IA 51103 | (712)252-4547 | (712)252-3785 |
| | | | |
| Outpatient Therapy; Adults who Sexually Harm E | ivaluation | | |
| | | | |
| Sliding Fee Scale; | | | |
| Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile I adividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential vices Substance Abus Non-Residential Servic ring Treatment; Juveni | l Services Outpatient e Evaluations; Juvenil ces Outpatient - Family ile Non-Residential |
| 1 137 | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treat | ment Assessment (bio | o-psychosocial); Co- |
| Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap | py-Co-occurring; Assessment: Pre-Treatment Assessment (Medica | | |
| Sliding Fee Scale; | | | |
| Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educ al Services Outpatient - Groups; Juvenile Non-Residential Services | - Family; Adult Non-Re Services Intensive Ou ation; Juvenile Non-Re Outpatient - Family; J | esidential Services Itpatient Treatment; esidential Services Iuvenile Non- |
| | Outpatient Therapy - Co-occurring; Community T Assessment (Medicaid); Assessment: Mental Sta Sliding Fee Scale; Hearing Impaired; Bilingual Se Catholic Charities of the Diocese of Sioux City Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Catholic Charities of the Diocese of Sioux City Outpatient Therapy; Adults who Sexually Harm E Sliding Fee Scale; Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Dupatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap Evaluation; Assessment: Mental Status Exam (M Sliding Fee Scale; Heartland Counseling Services, Inc. | Outpatient Therapy - Co-occurring; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Outpatient Therapy - Individual-Mental Health Silding Fee Scale; Hearing Impaired; Bilingual Services; Catholic Charities of the Diocese of Sioux 1601 Military Rd Sioux City IA 51103 Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation Sliding Fee Scale; Catholic Charities of the Diocese of Sioux 1601 Military Rd Sioux City IA 51103 City Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation Sliding Fee Scale; Catholic Charities of the Diocese of Sioux 1601 Military Rd Sioux City IA 51103 Outpatient Therapy; Adults who Sexually Harm Evaluation Sliding Fee Scale; Heartland Counseling Services, Inc. 917 W 21st St South Sioux City NB 69887 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Intensive Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Intensive Outpatient Ther | Outpatient Therapy - Co-occurring; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assess Assessment (Medicaid): Assessment: Mental Status Exam (MSE): Outpatient Therapy - Individual-Mental Health Stiding Fee Scale; Hearing Impaired; Bilingual Services; Catholic Charities of the Diocese of Sioux 1601 Military Rd Sioux City IA 51103 (712)252-4547 City Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation Siding Fee Scale; Catholic Charities of the Diocese of Sioux 1601 Military Rd Sioux City IA 51103 (712)252-4547 City City Contract Second |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Thera | ental Health; Outpatient Therapy including Family Sessions- py-Mental Health; Day Treatment Day Treatment-Mental Hea Class; Non-Treatment: General Education Class; Outpatien | alth; Assessment: Pre-Treatm | ent Assessment |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluat | ion | |
| | | Assessment: Mental Status Exam (MSE); Assessment: Psy | | sment: Juvenile Who |
| Other Services: | | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Mental Health Services: | Residential Services Short Term Residential; Jur SA/MH; Juvenile Non-Residential Services Outp | Services Intensive Outpatient Treatment; Adult Residential S venile Assessment Services Substance Abuse Evaluations; atient - Groups; Juvenile Non-Residential Services Outpatien Services Outpatient - Co-Occurring Treatment; Juvenile No (bio-psychosocial); Co-Occurring | Juvenile Non-Residential Serv nt - Family; Juvenile Non-Res | vices Care Monitoring idential Services |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Ou | tpatient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatie | | o-Occurring Treatment; Adult | Non-Residential |
| Other Services. | Silding Fee Scale, | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Ind Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Ju ndividual; Juvenile Non-Residential Services Outpatient - Co | ividual; Adult Non-Residential ent Services Substance Abus venile Non-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |

| Name | Agency | Address | Phone | Fax |
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| | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Thera | Mental Health; Outpatient Therapy including Family Sessions-M apy-Mental Health; Intensive Outpatient: Intensive Outpatient T rring; Non-Treatment: Intensive Family Preservation; Non-Trea Individual-Mental Health | herapy-Co-occurring; Asses | ssment: Pre-Treatme |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| | Disorder; Outpatient Therapy - Co-occurring; Int Therapy-Youth Who Sexually Harm; Assessmer | Mental Health; Outpatient Therapy including Family Sessions-M tensive Outpatient: Intensive Outpatient Therapy-Mental Health nt: Pre-Treatment Assessment (Medicaid); Assessment: Menta Agency Supported); Out-Of-Home: Respite Care; Outpatient Th | n; Intensive Outpatient: Inter Il Status Exam (MSE); Out-0 | nsive Outpatient Of-Home: Foster Ca |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | sessment (PTA); Pre-Treatment Assessment (bio-psychosocia | I) | |
| | | Mental Health; Outpatient Therapy - Eating Disorder; Assessme Treatment: Anger Management Class; Outpatient Therapy - Inc | | nent (Medicaid); Nor |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Community Treatment Aide; Intensive Disorder; Intensive Outpatient: Intensive Outpati Exam (MSE); Contracted Services: Tracker; Cor (Except Douglas County); Non-Treatment: Inten | Iental Health; Outpatient Therapy including Family Sessions-M Outpatient: Intensive Outpatient Therapy-Mental Health; Inten ient Therapy-Co-occurring; Assessment: Pre-Treatment Asses ntracted Services: Electronic Monitoring; Non-Treatment: Fami isive Family Preservation; Non-Treatment: Supervised Visitatio | sive Outpatient: Intensive C sment (Medicaid); Assessm ly Support Worker; Non-Tre n; Non-Treatment: Day Rep | Outpatient- Eating hent: Mental Status eatment: Tracker porting; Non- |
| | Treatment: Evening Reporting; Non-Treatment: . Health | Anger Management Class; Non-Treatment: General Education | n Class; Outpatient Therapy | - Individual-Mental |

| Name | Agency | Address | Phone | Fax |
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| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Adult No idual; Adult Non-Residential Services Outpatient - Co-Occurring Tre | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Peters, Martinique | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; / | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Polk, Kelley | Premier Counseling Services PLLC | 2004 S Saint Aubin St Suite 101 Sioux City IA 51106 | (712)870-1445 | (712)248-8866 |
| | Individual; Adult Non-Residential Services Outpat | | t Non-Residential Ser | vices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Outpatient Therapy - | Individual-Mental He | alth |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Man | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog | gical Evaluation | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Psychological Evaluation | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; <i>J</i> Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N adividual; Juvenile Non-Residential Services Outpatient - Co-Occurri (bio-psychosocial) | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|---|
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substanc le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu | e Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental Ig; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who S Intus Exam (MSE); Assessment: Psychological Evaluation; Assessm | Health; Outpatient The Sexually Harm; Assess | erapy - Youth Who ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; / ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Sen ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N adividual; Juvenile Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial): Co-Occurring | Adult Non-Residential vices Substance Abus Non-Residential Service | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicai | | |
| Other Services: | Sliding Fee Scale: | | | |

Other Services: Sliding Fee Scale;

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|--|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient uvenile Non-Residential Services Intensive Outpatient Treatment | amily; Adult Non-Re ervices Intensive Ou ; Juvenile Non-Resid | esidential Services tpatient Treatment; dential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Assessment (Medicaid); Non-Treatment: Intensiv | ental Health; Outpatient Therapy including Family Sessions-Mental He e Family Preservation; Outpatient Therapy - Individual-Mental Health | | Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inter Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensit: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inter Exam (MSE); Out-0 | sive Outpatient Of-Home: Foster Care |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Address | THOME | Τάλ |
| Obermeyer, Ashley | | 651 W 4th St Chadron NB 69337 | (605)646-3786 | (605)646-4828 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual | Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Class; Outpatient Therapy - Individual-Mental He | ental Health; Outpatient Therapy including Family Sessions-Mental He alth | ealth; Non-Treatmen | t: Anger Manageme |
| Other Services: | Sliding Fee Scale; | | | |
| Price, Amanda | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment (Medicaid); Outpatient Therapy - Ind | ental Health; Outpatient Therapy including Family Sessions-Mental He ividual-Mental Health | ealth; Assessment: F | Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 2122 Broadway Scottsbluff NB 69361 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Individual; Adu | ult Non-Residential S | ervices Outpatient - |
| | Co-Occurring Treatment; Juvenile Assessment S | ervices Substance Abuse Evaluations; Juvenile Non-Residential Services | vices Outpatient - Inc | |
| | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | | | lividual; Juvenile Nor |
| Mental Health Services: | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatme | reatment | ent Assessment (bio- ealth; Outpatient The); Assessment: Ment on-Treatment: Tutorii | lividual; Juvenile Nor psychosocial); Co- prapy - Co-occurring; ral Status Exam ng; Non-Treatment: |
| Mental Health Services: Juvenile Services: | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatment Day Reporting; Non-Treatment: Evening Reporting | reatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid nt: Family Support Worker; Non-Treatment: Supervised Visitation; No | ent Assessment (bio- ealth; Outpatient The); Assessment: Ment on-Treatment: Tutorii | lividual; Juvenile Nor psychosocial); Co- prapy - Co-occurring; ral Status Exam ng; Non-Treatment: |
| Mental Health Services: Juvenile Services: Other Services: | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatment Day Reporting; Non-Treatment: Evening Reporting Individual-Mental Health | reatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid nt: Family Support Worker; Non-Treatment: Supervised Visitation; No | ent Assessment (bio- ealth; Outpatient The); Assessment: Ment on-Treatment: Tutorii | lividual; Juvenile Nor psychosocial); Co- rapy - Co-occurring; al Status Exam ng; Non-Treatment: |
| Mental Health Services: Juvenile Services: Other Services: | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatmen Day Reporting; Non-Treatment: Evening Reportin Individual-Mental Health Sliding Fee Scale; | reatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid nt: Family Support Worker; Non-Treatment: Supervised Visitation; No ng; Non-Treatment: Anger Management Class; Non-Treatment: Gene | ent Assessment (bio- ealth; Outpatient The); Assessment: Ment on-Treatment: Tutorin ral Education Class; | lividual; Juvenile Nor psychosocial); Co- rrapy - Co-occurring; al Status Exam ng; Non-Treatment: Outpatient Therapy |
| Mental Health Services: Juvenile Services: Other Services: Roberts, Kelcey Substance Abuse Services: | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatmen Day Reporting; Non-Treatment: Evening Reportin Individual-Mental Health Sliding Fee Scale; | reatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid nt: Family Support Worker; Non-Treatment: Supervised Visitation; No eg; Non-Treatment: Anger Management Class; Non-Treatment: Gene 709 W 4th St Suite 2 Chadron NB 69337 | ent Assessment (bio- ealth; Outpatient The); Assessment: Ment on-Treatment: Tutorin ral Education Class; | lividual; Juvenile Nor psychosocial); Co- rrapy - Co-occurring; al Status Exam ng; Non-Treatment: Outpatient Therapy |
| Mental Health Services: Juvenile Services: Other Services: Roberts, Kelcey Substance Abuse Services: Mental Health Services: | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatme Day Reporting; Non-Treatment: Evening Reporting Individual-Mental Health Sliding Fee Scale; Inspirit Counseling Outpatient Therapy; Pre-Treatment Assessment | reatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid nt: Family Support Worker; Non-Treatment: Supervised Visitation; No eg; Non-Treatment: Anger Management Class; Non-Treatment: Gene 709 W 4th St Suite 2 Chadron NB 69337 | ent Assessment (bio- ealth; Outpatient The); Assessment: Meni on-Treatment: Tutorii ral Education Class; (605)890-2848 | lividual; Juvenile Nor psychosocial); Co- rapy - Co-occurring; al Status Exam ng; Non-Treatment: Outpatient Therapy (775)667-6079 |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Ind Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Ju ndividual; Juvenile Non-Residential Services Outpatient - Co | ividual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Servic | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions- aid); Outpatient Therapy - Individual-Mental Health | Mental Health; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Grou ive Outpatient Treatment; Juvenile Assessment Services Su le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harn | ibstance Abuse Evaluations; | luvenile Non- |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions- ing; Intensive Outpatient: Intensive Outpatient Therapy-Youth atus Exam (MSE); Assessment: Psychological Evaluation; A | Mental Health; Outpatient The Who Sexually Harm; Assess | erapy - Youth Who ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Taylor, Jennifer | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | (775)667-6079 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Grou nt - Individual; Adult Non-Residential Services Outpatient - C Non-Residential Services Outpatient - Groups; Juvenile No Juvenile Non-Residential Services Outpatient - Co-Occurrir | o-Occurring Treatment; Juve n-Residential Services Outpa | nile Assessment |
| | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| | | | (000)075.0000 | |
| Alfrey , Kerry | New Beginnings Family Services | 620 N Webb Rd Grand Island NB 68803 | (308)675-0060 | |
| | Family; Adult Non-Residential Services Outpatien Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring T | | ng Treatment; Juveni es Outpatient - Individ | le Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurring | ental Health; Outpatient Therapy including Family Sessions-Mental He g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental He | Mental Status Exam | |
| Other Services: | | | | |
| Anderson, Rosie | Lutheran Family Services of NE Inc | 200 W 7th Ste 3 Lexington NB 68850 | (308)324-6400 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Resid dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juveni Jential Services Outpa | le Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Outpatient Therapy - Individual-Mental H | | essment: Pre- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bear, Angela | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential S es Substance Abuse n-Residential Services | Services Outpatient - Evaluations; Juvenile S Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluat | ions | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Brandyberry, Kyle | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | 0 |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Assessment: Co-Occurring; Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaic Individual-Mental Health | l); Assessment: Ment | erapy - Co-occurring; al Status Exam (MSE) |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Daily, Sherry | | 2100 4TH AVENUE KEARNEY NB 68845 | (308)830-3618 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurri | ring Treatment; Juve sidential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Family Sessions-Me Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-O | ccurring; Outpatient T | herapy - Individual- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--------------------|
| Dillard, Jason | Plum Creek Medical Group PC | 1103 Buffalo Bend Lexington NB 68850 | (308)324-6386 | (308)324-4026 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluat | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Outpatient Therapy - Individual-Mental H | | sessment: Pre- |
| Other Services: | | | | |
| Eigenberg, Amy | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residential dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | on | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpat ent: Mental Status Exam (MSE); Assessment: Juvenile Who Sexually untal Health | | |
| Other Services: | Co-Occurring, Outpatient merapy - multidua-me | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessr i Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Harvey, Deborah | Harvey Counseling | 101 W 8th St Suite A Lexington NB 68550 | (308)324-7017 | (866)578-3559 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | sessment: Mental S | tatus Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---------------------------------------|
| Johnson (Aswegan), Betty | | 2210 30th Ave. Kearney NB 68845 | (308)440-8054 | (308)234-6604 |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid | | venile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kloch, Susan | Kloch Counseling, LLC | 101 W 8th St Suite A Lexington NB 68850 | (308)324-7017 | (866)578-3559 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Co-C | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re Occurring Treatment; Juvenile Non-Residential Services Outpatient - rvices Outpatient - Individual; Juvenile Non-Residential Services Outp | Groups; Juvenile No | n-Residential Service |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial) |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Mental Status Exam (MSE); Outpati | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr ient Therapy - Individual-Mental Health | eatment Assessmer | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Health ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmen Mediation; Outpatient Therapy - Individual-Mental Health | th; Intensive Outpati ent: Pre-Treatment A | ent: Intensive ssessment (Medicaid |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| Maxson, Thomas | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| | Groups; Adult Non-Residential Services Outpation Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - O | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Substance Abuse Evaluations; Juvenile Non-Residenti uvenile Non-Residential Services Outpatient - Family; Juvenile Co-Occurring Treatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E | lual; Adult Non-Residential S al Services Intervention/Edu Non-Residential Services Ou | ervices Outpatient cation; Juvenile utpatient - Individua |
| | Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Co-occurring | ental Health; Outpatient Therapy including Family Sessions-Me ng; Assessment: Pre-Treatment Assessment (Medicaid); Asses Who Sexually Harm Risk Assessment; Assessment: Co-Occur | ntal Health; Outpatient Thera sment: Mental Status Exam | apy - Youth Who (MSE); Assessmen |
| Other Services: | | | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 124 West 25th Street Suite B4 Kearney NB 68847-44 | 73 (308)708-9379 | |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Resident | valuations; Adult Non-Residential Services Intervention/Educati es Outpatient - Groups; Adult Non-Residential Services Outpat ervices Outpatient - Co-Occurring Treatment; Adult Non-Reside e Evaluations; Juvenile Non-Residential Services Intervention/E ial Services Outpatient - Groups; Juvenile Non-Residential Serv enile Non-Residential Services Outpatient - Co-Occurring Treat | ient - Family; Adult Non-Resi ntial Services Intensive Outp ducation; Juvenile Non-Resi rices Outpatient - Family; Juv | dential Services atient Treatment; dential Services renile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Disorder; Assessment: Pre-Treatment Assessme | ental Health; Outpatient Therapy including Family Sessions-Me ent (Medicaid); Outpatient Therapy - Individual-Mental Health | ntal Health; Outpatient Thera | apy - Eating |
| Other Services: | Sliding Fee Scale; | | | |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Rivera, Elia | | 312 North Elm Street Grand Island NB 68801 | (308)383-2208 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - G Pre-Treatment Assessment (bio-psychosocial); G | Co-Occurring | lual; Adult Non-Residential S al Services Intervention/Edu Non-Residential Services Ou | ervices Outpatient cation; Juvenile utpatient - Individua |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M - Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Non-Treatmer | nt: Anger Management Class | ; Outpatient Thera |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Rodriguez-Divis, Marie | Goodwill Industries of Greater Nebraska | 2401 Plum Creek Parkway Lexington NB 68850 | (308)324-7366 | (308)342-5481 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Adult Accomment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | New Desidential Co. | |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | Abuse Evaluations; | Juvenile Non- |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpatient | ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessme | Abuse Evaluations; ion; Psychological E ealth; Outpatient The xually Harm; Assess | Juvenile Non- valuation erapy - Youth Who ment: Pre-Treatment |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta | ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessme | Abuse Evaluations; ion; Psychological E ealth; Outpatient The xually Harm; Assess | Juvenile Non- valuation erapy - Youth Who ment: Pre-Treatment |
| Mental Health Services: Juvenile Services: Other Services: Stuehm, Nadine Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpati Sliding Fee Scale; Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpate | ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se itus Exam (MSE); Assessment: Psychological Evaluation; Assessment ent Therapy - Individual-Mental Health 2608 Oldfair Rd. Grand Island NB 68803 raluations; Adult Non-Residential Services Intervention/Education; Adult int - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Services is y Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- tient - Individual | Abuse Evaluations; ion; Psychological E ealth; Outpatient The xually Harm; Assess nt: Juvenile Who Sev (308)865-8738 (308)865-8738 Iult Non-Residential dult Non-Residential vices Intervention/Eco Ion-Residential Servi | Juvenile Non- valuation erapy - Youth Who ment: Pre-Treatment kually Harm Risk Services Outpatient - Services Outpatient lucation; Juvenile |
| Mental Health Services: Juvenile Services: Other Services: Stuehm, Nadine Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpati Sliding Fee Scale; Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatie Gutpatient Therapy; Juvenile Pre-Treatment Asses | ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se itus Exam (MSE); Assessment: Psychological Evaluation; Assessment ent Therapy - Individual-Mental Health 2608 Oldfair Rd. Grand Island NB 68803 raluations; Adult Non-Residential Services Intervention/Education; Adult int - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenil | Abuse Evaluations; ion; Psychological E ealth; Outpatient The xually Harm; Assess nt: Juvenile Who Sev (308)865-8738 (308)865-8738 Iult Non-Residential dult Non-Residential vices Intervention/Eco Ion-Residential Servi | Juvenile Non- valuation erapy - Youth Who ment: Pre-Treatment kually Harm Risk Services Outpatient - Services Outpatient - lucation; Juvenile |

| Name | Agency | Address | Phone | Fax |
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| Sukup, Jennifer | First Step to Freedom | 516 North Dewey, suite 1 North Platte NB 69101 | (308)660-3257 | (800)616-0783 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Assessment: Co-Occurring | aid); Assessment: Mental Status Exam (MSE); Assessment: Juvenile | Who Sexually Harm | Risk Assessment; |
| Other Services: | Assessment. Of Cecuring | | | |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Juvenile Services: Other Services: | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental H Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Young, Sandra | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)221-6902 | (308)221-6904 |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve (bio-psychosocial); Co-Occurring ental Health; Assessment: Pre-Treatment Assessment (Medicaid); O | ing Treatment; Adult Residential Services enile Non-Residentia | t Non-Residential s Outpatient - Groups l Services Intensive |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---------------------------------------|
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-M | | Pre-Treatment |
| Other Services: | Assessment (Medicaid); Non-Treatment: Intensiv Sliding Fee Scale; | e Family Preservation; Outpatient Therapy - Individual-Menta | al Health | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen | ental Health; Outpatient Therapy including Family Sessions-Mensive Outpatient: Intensive Outpatient Therapy-Mental Health t: Pre-Treatment Assessment (Medicaid); Assessment: Menta gency Supported); Out-Of-Home: Respite Care; Outpatient T | n; Intensive Outpatient: Inten al Status Exam (MSE); Out-O | sive Outpatient)f-Home: Foster Ca |
| Other Services: | | | | |
| Raney, Sandra | Open Door | 2122 Broadway Scottsbluff NB 69361 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Indivic Services Substance Abuse Evaluations; Juvenile Non-Resider Treatment | | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- | Treatment Assessment (bio | -psychosocial); Co |
| | 0 | | | • • |
| Juvenile Services: | (MSE); Assessment: Co-Occurring; Non-Treatme | ental Health; Outpatient Therapy including Family Sessions-N by-Mental Health; Assessment: Pre-Treatment Assessment (N ent: Family Support Worker; Non-Treatment: Supervised Visit ng; Non-Treatment: Anger Management Class; Non-Treatmen | Medicaid); Assessment: Men ation; Non-Treatment: Tutori | tal Status Exam ng; Non-Treatmer |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ (bio-psychosocial) | al; Adult Non-Residential Se ervices Substance Abuse E e Non-Residential Services | ervices Outpatient Evaluations; Juveni Outpatient - Famil |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Meni aid); Outpatient Therapy - Individual-Mental Health | al Health; Outpatient Thera | py - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D | ult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services | Assessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult No Int - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Adult Residential Services ons; Juvenile Non-Residential Services Intervention/Education; Juven vices Outpatient - Groups; Juvenile Non-Residential Services Outpati sidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor | on-Residential Servio ng Treatment; Adult ces Short Term Res ile Non-Residential ent - Family; Juvenil | ces Outpatient - Non-Residential idential; Juvenile Services Care e Non-Residential |
| | Disorder; Outpatient Therapy - Co-occurring; Inte | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens ent Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatme | ive Outpatient: Inten | sive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Intensiv : Pre-Treatment Assessment (Medicaid); Assessment: Mental Status rany - Individual-Mental Health | | |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Cochran, Virginia | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Non amily; Juvenile Non-Residential Services Outpatient - Individual; Juv al Services Intensive Outpatient Treatment | ring Treatment; Adult N -Residential Services (| Ion-Residential Dutpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | Occurring | |
| Juvenile Services: | | reatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-M tus Exam (MSE); Outpatient Therapy - Individual-Mental Health | ental Health; Assessm | ent: Pre-Treatment |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | | | |
| Glesinger, Kayla | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services. | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Short Term Residential; Juvenile Assessment Ser Residential Services Outpatient - Groups; Juvenil | ssessment Services Substance Abuse Evaluations; Adult Non-Resid ps; Adult Non-Residential Services Outpatient - Family; Adult Non-R Courring Treatment; Adult Non-Residential Services Intensive Outpa rvices Substance Abuse Evaluations; Juvenile Non-Residential Serv le Non-Residential Services Outpatient - Family; Juvenile Non-Resid o-Occurring Treatment; Juvenile Non-Residential Services Intensive | esidential Services Ou itient Treatment; Adult ices Intervention/Educ ential Services Outpati | tpatient - Individual; Residential Services ation; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - In | | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| Mental Health Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap | aluations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services On the Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Passment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Ocental Health; Outpatient Therapy including Family Sessions-Mental Hy-Mental Health; Day Treatment Day Treatment-Mental Health; Asse Class; Non-Treatment: General Education Class; Outpatient Therapy | Family; Adult Non-Res ervices Intensive Outp ion; Juvenile Non-Resi Dutpatient - Family; Juv Juvenile Non-Residen Occurring lealth; Outpatient Thera essment: Pre-Treatmen | idential Services atient Treatment; dential Services renile Non- tial Services apy - Co-occurring; nt Assessment |

| Name | Agency | Address | Phone | Fax |
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| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A s Short Term Residential; Juvenile Assessment Services Substance A enile Non-Residential Services Outpatient - Family; Juvenile Non-Re co-Occurring Treatment | Adult Non-Residential Abuse Evaluations; Ju | Services Intensive uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Intensive Outpatient: Intensive Outpatient Therap Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologic | cal Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |
| | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Jones, James Substance Abuse Services: | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| • | | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: Mental Health Services: | | | (402)429-1050 | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy | | (402)429-1050 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | | (402)429-1050 (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kubo, Dana | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | General Education Class | (402)371-3044 dult Non-Residential S Adult Non-Residential ices Substance Abuse on-Residential Service | Services Outpatient - Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kubo, Dana Substance Abuse Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | General Education Class 200 N 34th PO Box 2315 Norfolk NB 68702 raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | (402)371-3044 dult Non-Residential S Adult Non-Residential ices Substance Abuse on-Residential Service | Services Outpatient - Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kubo, Dana Substance Abuse Services: Mental Health Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therapy | General Education Class 200 N 34th PO Box 2315 Norfolk NB 68702 raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurri (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H- by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy ing; Non-Treatment: Intensive Family Preservation; Non-Treatment: | (402)371-3044 dult Non-Residential S Adult Non-Residential ices Substance Abuse on-Residential Service ing Treatment; Juvenil Health; Outpatient The r-Co-occurring; Assess | Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Family le Non-Residential erapy - Co-occurring; sment: Pre-Treatmen |

| Neme | A 20101 | Address | Dhana | Ferr |
|---------------------------|--|--|--|--|
| Name | Agency | Address | Phone | Fax |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens :: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inten Exam (MSE); Out-C | sive Outpatient of-Home: Foster Car |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre- reatment: Anger Management Class; Outpatient Therapy - Individual- | | ent (Medicaid); Non |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Community Treatment Aide; Intensive O Disorder; Intensive Outpatient: Intensive Outpatie Exam (MSE); Contracted Services: Tracker; Com (Except Douglas County); Non-Treatment: Intens | ental Health; Outpatient Therapy including Family Sessions-Mental He Dutpatient: Intensive Outpatient Therapy-Mental Health; Intensive Out ent Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (tracted Services: Electronic Monitoring; Non-Treatment: Family Supp ive Family Preservation; Non-Treatment: Supervised Visitation; Non- Anger Management Class; Non-Treatment: General Education Class; | tpatient: Intensive Ou Medicaid); Assessmo ort Worker; Non-Trea Treatment: Day Repo | utpatient- Eating ent: Mental Status atment: Tracker orting; Non- |
| Other Services: | Bilingual Services; | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | Adult Non-Residential Services Outpatient - Indiv Halfway-House | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Peters, Martinique | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res | ssessment Services Substance Abuse Evaluations; Adult Non-Re dult Non-Residential Services Outpatient - Individual; Adult Non-R sive Outpatient Treatment; Adult Residential Services Short Term sidential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | esidential Services Outp Residential; Juvenile A Services Outpatient - Fa | batient - Co-Occurring ssessment Services mily; Juvenile Non- |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Ment by-Co-occurring; Assessment: Pre-Treatment Assessment (Medic ient: Co-Occurring; Outpatient Therapy - Individual-Mental Health | aid); Assessment: Ment | erapy - Co-occurring; al Status Exam (MSE) |
| Other Services: | Sliding Fee Scale; | 3, | | |
| Polk, Kelley | Premier Counseling Services PLLC | 2004 S Saint Aubin St Suite 101 Sioux City IA 51106 | (712)870-1445 | (712)248-8866 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Ad tient - Co-Occurring Treatment | dult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Outpatient Therap | y - Individual-Mental He | alth |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment So ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abus Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | | (his nevel seesial) | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy including Group Sessions-Me | (oio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Ment aid); Outpatient Therapy - Individual-Mental Health | al Health; Outpatient The | erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
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| Swantek, Mallory | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; J rvices Intervention/Education; Juvenile Non-Residential Services Out | luvenile Assessment Se | ervices Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | Adult Non-Residential S ces Substance Abuse I on-Residential Services | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | Sliding Fee Scale; | | | |
| Wattier, Mary Rose | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | Adult Non-Residential S ces Substance Abuse I on-Residential Services | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio-p | osychosocial); Co- |
| | 0 | patient: Intensive Outpatient Therapy-Mental Health; Intensive Outpa t Therapy - Individual-Mental Health | atient: Intensive Outpat | tient Therapy-Co- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Aguilar, Christine | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)522-7234 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| Other Services: | | | | |
| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | |
| | Crisis Stabilization; Outpatient Therapy; Pre-Trea | atment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Almquist, Keith | Achievement Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)669-3665 | (402)502-5102 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Resi co-Occurring Treatment | rring Treatment; Juve | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: Outpatient Therapy - Individual-Mental Health | Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | Exam (MSE); Assess | sment: Co-Occurring |
| Other Services: | | | | |
| Barrett-McClendon, | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (888)405-8738 | (531)210-3020 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient Evaluations; Juver es Outpatient - Fam |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax | | |
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| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (531)210-3020 | | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Er Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Aduss Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH; ervices Outpatient - Family; Juvenile Non-Residential Services Outpat | amily; Adult Non-Re rvices Substance At Juvenile Non-Resid | esidential Services buse Evaluations; dential Services | | |
| | | sis Stabilization; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Co-occurring; Assessment: Pre-Treatmer Treatment: Anger Management Class; Outpatient | ental Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); t Therapy - Individual-Mental Health | ive Outpatient: Inter | sive Outpatient | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Bendy, Laurie | | 13906 Gold Circle, Suite 202 Omaha NB 68144 | (402)932-6500 | (402)932-6504 | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri | | rvices Outpatient - | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | 0 | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Bentley, Janette | Destination Hope Counseling | 511 N D St Fremont NB 68025 | (402)727-0776 | (402)727-0779 | | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv Intervention/Education; Juvenile Non-Residential | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea Services Outpatient - Groups; Juvenile Non-Residential Services Ou sidential Services Outpatient - Co-Occurring Treatment | tment; Juvenile Non | -Residential Services | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Borer, Kersten | Kersten Borer LLC | 7602 Pacific St Ste 304 Omaha NB 68114 | (402)515-5383 | (402)933-6447 | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro- o-Occurring Treatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment | dult Non-Residential /ices Intervention/Ec esidential Services (| Services Outpatient - lucation; Juvenile Outpatient - Individual | | |
| Juvenile Services: | 0 | Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (M ntal Health | edicaid); Assessme | nt: Mental Status | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Bradley, Anthony | Meta Counseling LLC | 3606 N 156th St Suite 101-299 Omaha NB 68116 | (402)706-4043 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Intervention/E ervices Outpatient - Family; Juvenile Non-Residential Services | | |
| Mental Health Services: | Mental Health Intensive Management; Pre-Treatm | nent Assessment (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medica | aid); Outpatient Therapy - Ind | dividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| | | aluations; Adult Non-Residential Services Intervention/Educati nt - Family; Adult Non-Residential Services Outpatient - Individ (bio-psychosocial); Co-Occurring | | |
| Broekemeier, Robert | Robert Broekemeier Counseling LLC | 268 N 115th St Suite 1 Omaha NB 68154 | (402)965-1564 | (402)260-7125 |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Co Outpatient Therapy; Pre-Treatment Assessment (| | Occurring Treatment; Juveni esidential Services Outpatie | le Assessment nt - Individual; |
| Other Services: | Outpatient merapy including Parmy Sessions-inc | ental mealth, Outpatient merapy - Co-occuming, Outpatient m | ierapy - individual-iviental ne | ain |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Out | aluations; Adult Non-Residential Services Intervention/Educati tpatient - Groups; Adult Non-Residential Services Outpatient - rvices Intensive Outpatient Treatment; Adult Non-Residential S | Family; Adult Non-Residenti | |
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| Name | Agency | Address | Phone | Fax |
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| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Carlson, Stanley | Carlson Counseling Services LLC | 230 E 22nd St Ste 3 Fremont NB 68025 | (402)721-8805 | (402)727-4839 |
| | Individual; Adult Non-Residential Services Outpai Residential Services Outpatient - Family; Juvenile Treatment | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat idential Services Ou | ions; Juvenile Non- tpatient - Co-Occurrir |
| | (YWSH); Pre-Treatment Assessment (bio-psycho Outpatient Therapy including Family Sessions-Me | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Juvenile Yo osocial); Co-Occurring; Adults who Sexually Harm Evaluation ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpa ivent: Mental Status Exam (MSE); Outpatient Therapy - Individual-Me | tient Therapy - Co-o | |
| Other Services: | | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| | | (bio-psychosocial) ental Health; Outpatient Therapy - Eating Disorder; Intensive Outpati (Medicaid); Assessment: Mental Status Exam (MSE); Outpatient Th | | |
| Other Services: | Sliding Fee Scale; | | | |
| Cave, Korina | Lutheran Family Services of NE Inc | 1420 E Military Ave Fremont NB 68025 | (402)721-1774 | (402)721-9689 |
| Mental Health Services: Juvenile Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occur (bio-psychosocial); Co-Occurring | | |
| Chang, Chinah | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-0699 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H ical Evaluation; Outpatient Therapy - Individual-Mental Health | ealth; Assessment: F | Pre-Treatment |

| Name | Agency | Address | Phone | Fax |
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| | | | | |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: Juvenile Services: | Crisis Phone Line; Emergency Medical Health Ev | aluation; Outpatient Therapy; Pre-Treatment Assessment (bio-psych | osocial); Co-Occurri | ng |
| Other Services: | No Voucher Acceptance; | | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me Assessment: Psychological Evaluation; Outpatier | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | ssessment: Mental S | tatus Exam (MSE); |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | SH); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Asse | tion; Psychological Evaluation ental Health; Outpatient Therapy including Family Sessions-Mental H essment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Ther | Assessment: Mental | Status Exam (MSE); |
| Other Services: | | | | |
| DeVries, Shawn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr on-Residential Services Partial Care; Adult Residential Services Dua | ing Treatment; Adult | Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: | | agement; Day Treatment; Pre-Treatment Assessment (bio-psychoso | cial); Co-Occurring | |

| Name | Agency | Address | Phone | Fax |
|---|---|--|-----------------------|-----------------------|
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | - |
| | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Co-Occurring | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment | Non-Residential Se | rvices Outpatient - |
| Engle, Christine | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Family Sessions-Me Health Sliding Fee Scale; | (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicaid); Ou | utpatient Therapy - I | ndividual-Mental |
| Filcheck, Holly | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Juvenile Services: | | (bio-psychosocial); Psychological Evaluation ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre- ssessment: Mental Status Exam (MSE); Assessment: Psychological | | |
| Gaines, Denise | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial); Co-Occurring | | Services Outpatient - |
| Other Services: Gill, Jill | Sliding Fee Scale; Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | (402)991-3486 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Goodwin, Lori | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Educ es Outpatient - Groups; Adult Non-Residential Services Outp vices Outpatient - Co-Occurring Treatment; Juvenile Assess ducation; Juvenile Non-Residential Services Care Monitorin ervices Outpatient - Family; Juvenile Non-Residential Servic | patient - Family; Adult Non-Res sment Services Substance Abu g SA/MH; Juvenile Non-Reside | sidential Services use Evaluations; ential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | — (1) |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions- essment: Pre-Treatment Assessment (Medicaid); Assessme I Health | | |
| Other Services: | | | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | ividual; Adult Non-Residential Services Intervention/Edu | Services Outpatient ucation; Juvenile |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions- aid); Assessment: Co-Occurring; Outpatient Therapy - Indivi | | rapy - Co-occurring |
| Other Services: | Sliding Fee Scale; | | | |
| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | (402)753-6445 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Educ tt - Individual; Adult Non-Residential Services Outpatient - C Non-Residential Services Intervention/Education; Juvenile dividual; Juvenile Non-Residential Services Outpatient - Co | Co-Occurring Treatment; Juven Non-Residential Services Outp | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre | e-Treatment Assessment (bio-p | osychosocial); Co- |
| | | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions- essment: Pre-Treatment Assessment (Medicaid); Assessme I Health | | |

| Name | Agency | Address | Phone | Fax |
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| Hancock, Katelynn | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| Mental Health Services: | | 1 | | |
| Juvenile Services: Other Services: | | | | |
| Hardy, Brian | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | (402)483-7045 |
| | Outpatient Therapy; Psychological Evaluation Outpatient Therapy including Group Sessions-Me | ental Health; Assessment: Psychological Evaluation; Outpatient Ther | apy - Individual-Men | al Health |
| Other Services: | | | | |
| Hay-Holen, Patricia | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (308)455-0145 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Mental Health Services: Juvenile Services: | Residential Pre-Treatment Assessment (bio-psychosocial); C | ty; Juvenile Residential Services Halfway-House or SA Group Home co-Occurring sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | | Il Services Short Terr |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| | | dults who Sexually Harm Evaluation; Psychological Evaluation Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation: Assess | sment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psyc | hological Evaluation | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disc | ental Health; Outpatient Therapy including Family Sessions-Mental Horder; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Juvenile Who Sexually Harm Risk Assessment; Outpatient Thera | ent: Mental Status Ex | kam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| Jagels, Kristin | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Individual- |
| Other Services: | | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: Mental Health Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr le Assessment Services Substance Abuse Evaluations; Juvenile Non- l Services Outpatient - Groups; Juvenile Non-Residential Services Out esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- (bio-psychosocial); Co-Occurring | ing Treatment; Adult Residential Services tpatient - Family; Ju | t Non-Residential s venile Non-Residenti |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- atus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - In | Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Kathleen | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); O | utpatient Therapy - I | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Kadavy, Michaela | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M Mental Health | Iental Health; Outpatient Therapy including Family Sessions-Ment | al Health; Outpatient Th | erapy - Individual- |
| Other Services: | | | | |
| Kimmerling, Katherine | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Services Intensive Outpatient Treatment | Evaluations; Adult Non-Residential Services Intervention/Education ient - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Se n; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occ | I; Adult Non-Residentia ervices Substance Abus Non-Residential Servic | l Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Residential Services Short Term Residential; Ju SA/MH; Juvenile Non-Residential Services Outp | Evaluations; Adult Non-Residential Services Care Monitoring SA/M ient - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Adult Residential Service uvenile Assessment Services Substance Abuse Evaluations; Juver patient - Groups; Juvenile Non-Residential Services Outpatient - Fa al Services Outpatient - Co-Occurring Treatment; Juvenile Non-Res | I; Adult Non-Residentia es Dual Residential (MF ile Non-Residential Ser amily; Juvenile Non-Res | I Services Outpatient I/SA); Adult vices Care Monitoring idential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Outpatient | utpatient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Korner, Jennifer | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5492 | |
| Substance Abuse Services: Mental Health Services: | Outpatient Treatment; Juvenile Assessment Ser Residential Services Intensive Outpatient Treatm | Evaluations; Adult Non-Residential Services Intervention/Education rvices Substance Abuse Evaluations; Juvenile Non-Residential Se ment | | |
| Juvenile Services: | | Iental Health; Outpatient Therapy - Co-occurring; Intensive Outpat nt Therapy-Co-occurring; Assessment: Co-Occurring; Outpatient T | | |
| | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|-------------------------------------|
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residential | | ring Treatment; Adul | t Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Adults who Sexually Harm E | | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatment Mediation; Outpatient Therapy - Individual-Mental Health | th; Intensive Outpati ent: Pre-Treatment A | ent: Intensive ssessment (Medica |
| Other Services: | | | | |
| Lafferty, Melissa | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | ssessment: Mental S | Status Exam (MSE); |
| Other Services: | Outpatient Therapy - Individual-Mental Health | | | |
| _ogsden, Lisa | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment |

Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Mental Heasth; Outpatient Therapy including Family Sessions-Mental Hessement (Medicaid); Assessment: Mental Status Exam (MSE); Asse Assessment; Assessment: Co-Occurring; Outpatient Therapy - Indivi | ssment: Psychologic | |
| Other Services: | | | | |
| McDonald, Kathryn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | (402)932-3557 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 | (402)905-9473 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Star | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy tus Exam (MSE); Assessment: Co-Occurring | -Co-occurring; Asses | sment: Pre-Treatmer |
| Other Services: | | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| · · · · · · · · · · · · · · · · · · · | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - | Co-occurring; Asses | sment: Pre-Treatmer |
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| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Middagh, Todd | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | sessment: Mental S | tatus Exam (MSE); |
| Other Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ng Treatment; Juver ntial Services Outpat | nile Assessment tient - Family; Juveni |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Eating Disorder; Non-Treatr | nent: Intensive Family Preservation; Outpatient Therapy - Individual-N | Viental Health | |
| Other Services: | | | | |
| Morton, Crystal | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)680-6429 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (his psychosocial). Co Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | - Court Internation |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He patient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre- Individual-Mental Health | | |
| Other Services: | | | | |
| Munet Ginorio, Alexandra | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)482-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Mental He essment (Medicaid); Assessment: Mental Status Exam (MSE); Asses Assessment; Assessment: Co-Occurring; Outpatient Therapy - Individ | sment: Psychologica | |
| | Pilingual Sarvisso | | | |

| Name | Agency | Address | Phone | Fax |
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| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | amily; Adult Non-Re | esidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Ollila, Ashleigh | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| | | (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental H Psychiatric Evaluation; Assessment: Mental Status Exam (MSE); Ou | | |
| Other Services: | | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ring Treatment; Juve idential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); A | ssessment: Mental S | tatus Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| Peterson, Kira | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Individual- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Raasch, Debra | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Non-Treatment: Intensive Family Preservation; Outpatie | ent Therapy - Individu | al-Mental Health |
| Other Services: | Sliding Fee Scale; | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Ad as Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; A (bia payabaccoid) | Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re outpatient - Family; J | esidential Services apatient Treatment; sidential Services uvenile Non- |
| | 1 137 | | utantiant Thorony I | dividual Mantal |
| Juvenile Services. | Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); O | utpatient merapy - n | Idividual-Iviental |
| Other Services: | Sliding Fee Scale; | | | |
| Rice, Joan | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad (bio-psychosocial): Co-Occurring | | |
| Juvenile Services: | oupatient merapy, rice reatment Assessment | the psychologically, be becaming | | |
| Other Services: | | | | |
| Rich, Jamie | Lutheran Family Services of NE Inc | 1420 E Military Ave Fremont NB 68025 | (402)721-1774 | |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Intensive Outpatient Tr | | vices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|--|
| Robbins, Virgen | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)721-1774 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educat atient - Co-Occurring Treatment; Adult Non-Residential Service | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Evaluations | valuations; Adult Residential Services Therapeutic Community | ; Juvenile Assessment Serv | rices Substance Abus |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | ssment: Pre-Treatment Assessment (Medicaid); Assessment: C | Co-Occurring | |
| Other Services: | Sliding Fee Scale; | | - | |
| Salvatore, Christine | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi Services Intensive Outpatient Treatment; Juvenile Assessmen n; Juvenile Non-Residential Services Outpatient - Groups; Juve ndividual; Juvenile Non-Residential Services Outpatient - Co-C | dual; Adult Non-Residential t Services Substance Abus nile Non-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Intensive Outpatient: Intensive Outpatient Thera | py-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schnieder, Brian | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)850-0054 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Educat es Outpatient - Groups; Adult Non-Residential Services Outpa ervices Outpatient - Co-Occurring Treatment; Adult Non-Reside e Evaluations; Juvenile Non-Residential Services Intervention/ ial Services Outpatient - Groups; Juvenile Non-Residential Ser enile Non-Residential Services Outpatient - Co-Occurring Trea | tient - Family; Adult Non-Re ential Services Intensive Ou Education; Juvenile Non-Re vices Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| | | tpatient: Intensive Outpatient Therapy-Co-occurring; Outpatien | t Therapy - Individual-Ment | al Health |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|--|--|---|
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations; Juvenile Assessment Services Substance Abuse E | valuations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | Assessment: Co-Occurring; Outpatient Therapy | - Individual-Mental Health | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psy | chological Evaluation | |
| Juvenile Services: | | lental Health; Outpatient Therapy - Eating Disorder; Outpatient Mental Status Exam (MSE); Assessment: Psychological Evalu al-Mental Health | | |
| Other Services: | | | | |
| Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi Services Substance Abuse Evaluations; Juvenile Non-Resident uvenile Non-Residential Services Outpatient - Family; Juvenile Co-Occurring Treatment | dual; Adult Non-Residential tial Services Intervention/Ec | Services Outpatient lucation; Juvenile |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- | Treatment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Me ensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Non-Treatment: Anger Manageme | ; Intensive Outpatient: Inten | sive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juve ndividual; Juvenile Non-Residential Services Outpatient - Co-C | dual; Adult Non-Residential t Services Substance Abuse nile Non-Residential Servic | Services Outpatient Evaluations; Juven es Outpatient - Fami |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me aid); Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient The | erapy - Co-occurring |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--------------------|
| Stein, Daniela | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)978-5604 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Educatio nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Taylor, Guy | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mer ssessment: Co-Occurring; Outpatient Therapy - Individual-Men | | lental Status Exam |
| Other Services: | (-,,,,, | | | |
| Ticknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C Non-Residential Services Outpatient - Groups; Juvenile Non-R Juvenile Non-Residential Services Outpatient - Co-Occurring T | Occurring Treatment; Juver esidential Services Outpat | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Meressment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| | Occurring; Outpatient Therapy - Individual-Menta | I Health | | |

| Name | Agency | Address | Phone | Fax |
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| INdiffe | Agency | Address | FIIOIIE | Гал |
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D Residential Services Short Term Residential; Juvenile Assessment S ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co- ent | dult Non-Residential ual Residential (MH ervices Substance enile Non-Resident | Services Outpatient - I/SA); Adult Abuse Evaluations; ial Services Outpatient |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | es Substance Abus n-Residential Servic | e Evaluations; Juvenile es Outpatient - Family |
| | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me herapy - Individual-Mental Health | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co- | amily; Adult Non-Re rvices Substance Ab enile Non-Resident | esidential Services buse Evaluations; ial Services Outpatient |
| Juvenile Services: | Occurring Outpatient Therapy including Group Sessions-Me | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Non-Treatment: Anger Management Mental Health | ealth; Outpatient The | erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
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| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | dult Non-Residential vices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment (| · · · · · · | | |
| | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - Sliding Fee Scale; | ntal Health; Outpatient Therapy including Family Sessions-Mental H Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Dervices. | Silding Fee Scale, | | | |
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| | Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | idential Services Ou | tpatient - Co-Occurring |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | SH); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disor | ntal Health; Outpatient Therapy including Family Sessions-Mental H | | erapy - Youth Who |
| | Assessment. Fsychological Evaluation, Assessme | ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient There | | (am (MSE); |
| Other Services: | , , | | | (am (MSE); |
| Other Services: Zueter, Kimberly | , , | | | (am (MSE); |
| Zueter, Kimberly | Adult Assessment Services Substance Abuse Eva Individual; Adult Non-Residential Services Outpat | ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Ther | apy - Individual-Men (402)630-7560 Non-Residential Ser ance Abuse Evaluat | kam (MSE); tal Health vices Outpatient - ions; Juvenile Non- |
| Zueter, Kimberly Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile | ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Ther 5087 S 106th St Omaha NB 68127 aluations; Adult Non-Residential Services Outpatient - Family; Adult ient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | apy - Individual-Men (402)630-7560 Non-Residential Ser ance Abuse Evaluat | kam (MSE); tal Health vices Outpatient - ions; Juvenile Non- |

| Name | Agency | Address | Phone | Fax |
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| Newell, Heather | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Acent - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | vices Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Newell, Heather | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | vices Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Abdullah, Shakur | Community Justice Center | 2401 Lake St Ste 240 Omaha NB 68111 | (480)720-0207 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Abdullah, Shakur | Community Justice Center | 2401 Lake St Ste 240 Omaha NB 68111 | (480)720-0207 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Ackerman, Deanna | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residenti Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential Se s Care Monitoring SA/M | rvices Outpatient H; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental H | lealth: Outpatient Therar | w - Co-occurring |
| | Assessment: Pre-Treatment Assessment (Medica Class; Non-Treatment: General Education Class; | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occ | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Ackerman, Deanna | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residenti | • | Adult Non-Residential Soces Care Monitoring SA/ | ervices Outpatient - /IH; Juvenile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Class; Non-Treatment: General Education Class; | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oc | | |
| Other Services: | Sliding Fee Scale; | | | |
| Aguilar, Christine | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)522-7234 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Aguilar, Christine | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)522-7234 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | |
| Mental Health Services: | Crisis Stabilization; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | |
| Mental Health Services: | | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
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| Name | Agency | Address | Phone | Fax |
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| Akers, Anita | Anita Akers PC | 11069 I St Omaha NB 68137 | (402)614-8444 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sul e Non-Residential Services Outpatient - Individual; Juvenile Non-R | bstance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Health | y-Mental Health; Assessment: Pre-Treatment Assessment (Medic | aid); Outpatient Therap | y - Individual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Akers, Anita | Anita Akers PC | 11069 I St Omaha NB 68137 | (402)614-8444 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sul e Non-Residential Services Outpatient - Individual; Juvenile Non-R | bstance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Health | y-Mental Health; Assessment: Pre-Treatment Assessment (Medic | aid); Outpatient Therap | y - Individual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Almquist, Keith | Achievement Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)669-3665 | (402)502-5102 |
| | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | | curring Treatment; Juve | enile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: Outpatient Therapy - Individual-Mental Health | Pre-Treatment Assessment (Medicaid); Assessment: Mental Statu | is Exam (MSE); Assess | sment: Co-Occurring; |
| Other Services: | | | | |
| Almquist, Keith | Achievement Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)669-3665 | (402)502-5102 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Intervention/Education; Juvenile Non-R o-Occurring Treatment | curring Treatment; Juve | enile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: | Pre-Treatment Assessment (Medicaid); Assessment: Mental Statu | is Exam (MSE); Assess | ment: Co-Occurring; |
| | Outpatient Therapy - Individual-Mental Health | | | 0, |

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| Name | Agency | Address | Phone | Fax | | |
| Andersen, Brian | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | | | |
| Substance Abuse Services: | | | | | | |
| | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Andersen, Brian | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Babutzke, Candace | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-3337 | (402)339-4358 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Individual | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | Sliding Fee Scale; | ad), Assessment. Co-Occurring, Outpatient merapy - individual-wer | | | | |
| Babutzke, Candace | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-3337 | (402)339-4358 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Individual | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | | erapy - Co-occurring; | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Bailey, Frank | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | (402)504-3882 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res Residential Services Intensive Outpatient Treatm | | reatment; Juvenile A | Assessment Services | | |
| | Outpatient Therapy; Co-Occurring; Adults who Se | , | | | | |
| | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Co-Occurri | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- ng; Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Bailey, Frank | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | (402)504-3882 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; , ent - Individual; Adult Non-Residential Services Intensive Outpatien sidential Services Outpatient - Groups; Juvenile Non-Residential Se ent | t Treatment; Juvenile A | Assessment Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring; Adults who Se | exually Harm Evaluation | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental by-Mental Health; Intensive Outpatient: Intensive Outpatient Therap ing; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (531)210-3020 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; as Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment ducation; Juvenile Non-Residential Services Care Monitoring SA/N ervices Outpatient - Family; Juvenile Non-Residential Services Out atment Assessment (bio-psychosocial); Co-Occurring | - Family; Adult Non-Re Services Substance Al /IH; Juvenile Non-Resid | esidential Services buse Evaluations; dential Services |
| | Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Mental ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Inte ent Assessment (Medicaid); Assessment: Mental Status Exam (MS t Therapy - Individual-Mental Health | ensive Outpatient: Inter | nsive Outpatient |
| | - | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (888)405-8738 | (521)210 2020 |
| Barrett-McClendon, | Capstone Behavioral Health | | () | (531)210-3020 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile I adividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residentia vices Substance Abus Non-Residential Servic | l Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treat | tment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co | | |
| Other Services | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (531)210-3020 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH rvices Outpatient - Family; Juvenile Non-Residential Services Outpatient | Family; Adult Non-Re ervices Substance At I; Juvenile Non-Resic | esidential Services buse Evaluations; dential Services |
| | | tment Assessment (bio-psychosocial); Co-Occurring | | |
| | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Co-occurring; Assessment: Pre-Treatment Treatment: Anger Management Class; Outpatient | ntal Health; Outpatient Therapy including Family Sessions-Mental H nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens nt Assessment (Medicaid); Assessment: Mental Status Exam (MSE) Therapy - Individual-Mental Health | sive Outpatient: Inten | sive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Barrett-McClendon, | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (888)405-8738 | (531)210-3020 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Mental H essment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C | | |
| Other Services: | Sliding Fee Scale; | | | |
| Batter, Sara | | 9239 W Center Rd #223 Omaha NB 68124 | (402)932-6643 | (402)614-3414 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | reatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Batter, Sara | | 9239 W Center Rd #223 Omaha NB 68124 | (402)932-6643 | (402)614-3414 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ng Treatment; Juven ntial Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre | eatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Beaugard, Jessie | Affinity Community Counseling | 5701 Thompson Creek Blvd, Suite 202 Lincoln NB 68516 | (402)827-7652 | (402)827-7654 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations; Adult Non-Residential Services Intervention/Education; Adu | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Beaugard, Jessie | Affinity Community Counseling | 5701 Thompson Creek Blvd, Suite 202 Lincoln NB 68516 | (402)827-7652 | (402)827-7654 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Individual | aluations; Adult Non-Residential Services Intervention/Education; Adu | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Mental Health Intensive Man Assessment (bio-psychosocial); Co-Occurring | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring agement; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-O y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-(tus Exam (MSE) | dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni ccurring Evaluation | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; le Non-Residential (C/O); Pre-Treatment |

| Name | Agency | Address | Phone | Fax | | |
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| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Man Assessment (bio-psychosocial); Co-Occurring | agement; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-C | Occurring Evaluation | (C/O); Pre-Treatment | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- itus Exam (MSE) | Co-occurring; Asses | sment: Pre-Treatmen | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Bellinghausen, Angela | Angie Bellinghausen LLC | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)253-4277 | | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | | | |
| | 1 137 | Dutpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | | | | | | |
| Bellinghausen, Angela | Angie Bellinghausen LLC | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)253-4277 | | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); | | |
| Other Services: | | | | | | |
| Bendy, Laurie | | 13906 Gold Circle, Suite 202 Omaha NB 68144 | (402)932-6500 | (402)932-6504 | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | 0 | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Bendy, Laurie | | 13906 Gold Circle, Suite 202 Omaha NB 68144 | (402)932-6500 | (402)932-6504 | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | - | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |

| Name | Agency | Address | Phone | Fax |
|--|---|---|--|---|
| Bernthaler, Beth | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8509 | (402)455-7050 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - G Individual; Juvenile Non-Residential Services Out | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Therapeutic Community; Juvenile Assessment Ser roups; Juvenile Non-Residential Services Outpatient - Family; Juveni patient - Co-Occurring Treatment; Juvenile Non-Residential Services o Home; Juvenile Residential Services Short Term Residential | ng Treatment; Adult ervices Substance A le Non-Residential S | Non-Residential buse Evaluations; Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Assess | sment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Bernthaler, Beth | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8509 | (402)455-7050 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - G Individual; Juvenile Non-Residential Services Out | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Therapeutic Community; Juvenile Assessment Ser roups; Juvenile Non-Residential Services Outpatient - Family; Juveni tpatient - Co-Occurring Treatment; Juvenile Non-Residential Services b Home; Juvenile Residential Services Short Term Residential | ng Treatment; Adult ervices Substance A le Non-Residential S | Non-Residential buse Evaluations; Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Assess | sment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Berry, Shane | Continuum Counseling and Consultants, LLC | 919 Galvin RD S Bellevue NB 68805 | (402)522-6570 | (402)625-0664 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Berry, Shane | Continuum Counseling and Consultants, LLC | 919 Galvin RD S Bellevue NB 68805 | (402)522-6570 | (402)625-0664 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---------------------|
| Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Grou nt - Individual; Adult Non-Residential Services Outpatient - C | | ces Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | 0 | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Biniamow, Judi | | 1330 So. 156th Court #101 Omaha NB 68130 | (402)321-1956 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment | aluations; Adult Non-Residential Services Outpatient - Indivi | dual; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Group nt - Individual; Adult Non-Residential Services Outpatient - C | | ces Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | 0 | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Biniamow, Judi | | 1330 So. 156th Court #101 Omaha NB 68130 | (402)321-1956 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment | aluations; Adult Non-Residential Services Outpatient - Indivi | dual; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Blizek, Monica | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)455-8303 (| 402)455-7050 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Short Term Residential; Juvenile Assessment Se | aluations; Adult Non-Residential Services Outpatient - Group t - Individual; Adult Non-Residential Services Outpatient - C rvices Substance Abuse Evaluations; Juvenile Non-Residen e Non-Residential Services Outpatient - Individual; Juvenile I ferm Residential | o-Occurring Treatment; Adult R tial Services Outpatient - Group | esidential Services |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre | e-Treatment Assessment (bio-pa | sychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | ental Health; Outpatient Therapy - Co-occurring; Assessmen sment: Co-Occurring; Outpatient Therapy - Individual-Mental | nt: Pre-Treatment Assessment (Health | Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Blizek, Monica | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)455-8303 | (402)455-7050 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Short Term Residential; Juvenile Assessment Se | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr rvices Substance Abuse Evaluations; Juvenile Non-Residential Servi e Non-Residential Services Outpatient - Individual; Juvenile Non-Residential | ing Treatment; Adult ces Outpatient - Gro | t Residential Services oups; Juvenile Non- |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| | Outpatient Therapy including Family Sessions-M | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); |
| Borer, Kersten | Kersten Borer LLC | 7602 Pacific St Ste 304 Omaha NB 68114 | (402)515-5383 | (402)933-6447 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| | Exam (MSE); Outpatient Therapy - Individual-Me | Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (N ntal Health | ledicaid); Assessme | nt: Mental Status |
| Other Services: | Sliding Fee Scale; | | | |
| Borer, Kersten | Kersten Borer LLC | 7602 Pacific St Ste 304 Omaha NB 68114 | (402)515-5383 | (402)933-6447 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment | dult Non-Residential vices Intervention/Ec tesidential Services (| Services Outpatient ducation; Juvenile Outpatient - Individua |
| Juvenile Services: | Occurring Outpatient Therapy - Eating Disorder; Outpatient Exam (MSE); Outpatient Therapy - Individual-Me | Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (M | ledicaid); Assessme | nt: Mental Status |
| Other Services: | Sliding Fee Scale; | | | |
| Bradley, Anthony | Meta Counseling LLC | 3606 N 156th St Suite 101-299 Omaha NB 68116 | (402)706-4043 | |
| | | Evaluations; Juvenile Non-Residential Services Intervention/Educati ervices Outpatient - Family; Juvenile Non-Residential Services Outpa nent Assessment (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); O | utpatient Therapy - I | ndividual-Mental |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Bradley, Anthony | Meta Counseling LLC | 3606 N 156th St Suite 101-299 Omaha NB 68116 | (402)706-4043 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Intervention/Educ ervices Outpatient - Family; Juvenile Non-Residential Services Out | | |
| Mental Health Services: | Mental Health Intensive Management; Pre-Treatn | nent Assessment (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); | Outpatient Therapy - In | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| | | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Groups: Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; | | |
| Mental Health Services: Juvenile Services: Other Services: | Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (| | ; Adult Non-Residential | |
| Juvenile Services: | | | ; Adult Non-Residential (402)965-1564 | |

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|---------------------------------------|--|--|--|---|
| Name | Agency | Address | Phone | Fax |
| Broekemeier, Robert | Robert Broekemeier Counseling LLC | 268 N 115th St Suite 1 Omaha NB 68154 | (402)965-1564 | (402)260-7125 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Family; Juvenile Non-Resider o-Occurring Treatment | ing Treatment; Juver | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy | - Individual-Mental H | ealth |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | aluations; Adult Non-Residential Services Intervention/Education; Ad tpatient - Groups; Adult Non-Residential Services Outpatient - Family rvices Intensive Outpatient Treatment; Adult Non-Residential Service | ; Adult Non-Residen | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | aluations; Adult Non-Residential Services Intervention/Education; Ad tpatient - Groups; Adult Non-Residential Services Outpatient - Family vices Intensive Outpatient Treatment; Adult Non-Residential Service | ; Adult Non-Residen | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Campbell, Reed C. | | 11069 I St Omaha NB 68137 | (402)993-4411 | (888)507-5931 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu | | |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Campbell, Reed C. | | 11069 I St Omaha NB 68137 | (402)993-4411 | (888)507-5931 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | 0 |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Carter, Alyson | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | (402)292-0342 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - Inc | | |

Other Services: Sliding Fee Scale; Bilingual Services;

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|--|
| Carter, Alyson | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | (402)292-0342 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | Adult Non-Residentia ces Substance Abus on-Residential Servio | I Services Outpatient - e Evaluations; Juvenil ces Outpatient - Family |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H py-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - In | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Cave, Korina | Lutheran Family Services of NE Inc | 1420 E Military Ave Fremont NB 68025 | (402)721-1774 | (402)721-9689 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Adent - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Cave, Korina | Lutheran Family Services of NE Inc | 1420 E Military Ave Fremont NB 68025 | (402)721-1774 | (402)721-9689 |
| | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Adent - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside ; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: Juvenile Services: | | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psycl | nosocial); Co-Occurr | ing |
| Other Services: | No Voucher Acceptance; | | | |

Other Services: No Voucher Acceptance;

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|-----------------------|
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Juvenile Services: | | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psycl | nosocial); Co-Occurri | ng |
| Other Services: | No Voucher Acceptance; | | | |
| Clark, Stephanie | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)707-9050 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Clark, Stephanie | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)707-9050 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Cook, Count | Confidential Counseling & Consulting C/O Count Cook | 1941 S 42nd St Suite 110 Omaha NB 68105 | (402)457-5761 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adul ive Outpatient Treatment; Juvenile Non-Residential Services Interve dential Services Outpatient - Individual; Juvenile Non-Residential Se | ntion/Education; Juve | enile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment (Medicaid); Outpatient Therapy - Ind | ental Health; Outpatient Therapy including Family Sessions-Mental H lividual-Mental Health | lealth; Assessment: | Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Cook, Count | Confidential Counseling & Consulting C/O Count Cook | 1941 S 42nd St Suite 110 Omaha NB 68105 | (402)457-5761 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adul ive Outpatient Treatment; Juvenile Non-Residential Services Interve dential Services Outpatient - Individual; Juvenile Non-Residential Se | ntion/Education; Juv | enile Non-Residential |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|-----------------------------|------------------|
| Juvenile Services: | Outpatient Therapy including Group Sessions-M Assessment (Medicaid); Outpatient Therapy - In | | ental Health; Assessment: I | Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Cornelius, Dawn | Community Outreach Services | 7608 S 25th Street Bellevue NB 68147 | (402)813-1147 | (402)933-7786 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non | -Treatment: General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Cornelius, Dawn | Community Outreach Services | 7608 S 25th Street Bellevue NB 68147 | (402)813-1147 | (402)933-7786 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non | -Treatment: General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Corrado, Michael | MAK Development (Michael's House) | 9007 F St Omaha NB 68127 | (402)917-0926 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; | | | |
| Corrado, Michael | MAK Development (Michael's House) | 9007 F St Omaha NB 68127 | (402)917-0926 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; | | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Assessment: Psychological Evaluation; Outpatie | lental Health; Assessment: Pre-Treatment Assessment (Medic ent Therapy - Individual-Mental Health | aid); Assessment: Mental S | Status Exam (MSE |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Psychological Evaluation; Outpatier | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As nt Therapy - Individual-Mental Health | sessment: Mental St | atus Exam (MSE); |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evaluation | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion; Psychological Evaluation | H); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Mental He essment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; / ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Thera | Assessment: Mental | Status Exam (MSE); |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evaluat | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion: Psychological Evaluation | H); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Mental He essment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; / ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Thera | Assessment: Mental | Status Exam (MSE); |
| Other Services: | | | | |
| Denker, Lindsay | Lindsay Denker LLC | 9239 W Center Rd Suite 226 Omaha NB 68124 | (402)932-6643 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult N tient - Co-Occurring Treatment; Juvenile Assessment Services Substr Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occ | curring; Outpatient T | herapy - Individual- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Denker, Lindsay | Lindsay Denker LLC | 9239 W Center Rd Suite 226 Omaha NB 68124 | (402)932-6643 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; tient - Co-Occurring Treatment; Juvenile Assessment Services e Non-Residential Services Outpatient - Individual; Juvenile Nor | Substance Abuse Evaluation | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: C | Co-Occurring; Outpatient Th | nerapy - Individual- |
| Other Services: | | | | |
| DeVries, Shawn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C on-Residential Services Partial Care; Adult Residential Services | Occurring Treatment; Adult I | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar | agement; Day Treatment; Pre-Treatment Assessment (bio-psyc | chosocial); Co-Occurring | |
| Juvenile Services: | | | | |
| | | | | |
| Other Services: | | | | |
| | | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | |
| Other Services: DeVries, Shawn | Inroads To Recovery Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | 2808 N 75th St Omaha NB 68134-6861 aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C on-Residential Services Partial Care; Adult Residential Services | Adult Non-Residential Serv Occurring Treatment; Adult I | Non-Residential |
| Other Services: DeVries, Shawn Substance Abuse Services: | Inroads To Recovery Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult N Services Short Term Residential | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C | Adult Non-Residential Serv Occurring Treatment; Adult I s Dual Residential (MH/SA) | Non-Residential |
| Other Services: DeVries, Shawn Substance Abuse Services: | Inroads To Recovery Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult N Services Short Term Residential Outpatient Therapy; Mental Health Intensive Mar | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C on-Residential Services Partial Care; Adult Residential Services | Adult Non-Residential Serv Occurring Treatment; Adult I s Dual Residential (MH/SA) | Non-Residential |
| Other Services: DeVries, Shawn Substance Abuse Services: Mental Health Services: | Inroads To Recovery Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult N Services Short Term Residential Outpatient Therapy; Mental Health Intensive Mar | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C on-Residential Services Partial Care; Adult Residential Services | Adult Non-Residential Serv Occurring Treatment; Adult I s Dual Residential (MH/SA) | Non-Residential |
| Other Services: DeVries, Shawn Substance Abuse Services: Mental Health Services: Juvenile Services: | Inroads To Recovery Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult N Services Short Term Residential Outpatient Therapy; Mental Health Intensive Mar | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C on-Residential Services Partial Care; Adult Residential Services | Adult Non-Residential Serv Occurring Treatment; Adult I s Dual Residential (MH/SA) chosocial); Co-Occurring | Non-Residential |
| Other Services: DeVries, Shawn Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dinneen, Mary | Inroads To Recovery Adult Assessment Services Substance Abuse Ex- Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult N Services Short Term Residential Outpatient Therapy; Mental Health Intensive Mar Dinneen Counseling Services Adult Assessment Services Substance Abuse Ex- Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C on-Residential Services Partial Care; Adult Residential Services hagement; Day Treatment; Pre-Treatment Assessment (bio-psyc 8031 W Center Rd Suite 324 Omaha NB 68124 aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu ervices Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reside | Adult Non-Residential Serv Docurring Treatment; Adult I s Dual Residential (MH/SA) chosocial); Co-Occurring (402)502-5002 on; Adult Non-Residential S ual; Adult Non-Residential S al Services Intervention/Edu | Non-Residential ; Adult Residential (402)502-5102 ervices Outpatient - Services Outpatient - ucation; Juvenile |
| Other Services: DeVries, Shawn Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dinneen, Mary Substance Abuse Services: | Inroads To Recovery Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult N Services Short Term Residential Outpatient Therapy; Mental Health Intensive Mar Dinneen Counseling Services Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C on-Residential Services Partial Care; Adult Residential Services hagement; Day Treatment; Pre-Treatment Assessment (bio-psyc 8031 W Center Rd Suite 324 Omaha NB 68124 aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu ervices Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reside | Adult Non-Residential Serv Occurring Treatment; Adult I s Dual Residential (MH/SA) chosocial); Co-Occurring (402)502-5002 on; Adult Non-Residential S ual; Adult Non-Residential S al Services Intervention/Edu Non-Residential Services O | Non-Residential ; Adult Residential (402)502-5102 ervices Outpatient - Services Outpatient - ucation; Juvenile |
| Other Services: DeVries, Shawn Substance Abuse Services: Mental Health Services: Other Services: Dinneen, Mary Substance Abuse Services: Mental Health Services: | Inroads To Recovery Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult N Services Short Term Residential Outpatient Therapy; Mental Health Intensive Mar Dinneen Counseling Services Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Assessment Services Outpatient - C | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C on-Residential Services Partial Care; Adult Residential Services hagement; Day Treatment; Pre-Treatment Assessment (bio-psyc 8031 W Center Rd Suite 324 Omaha NB 68124 aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu ervices Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Individu o-Occurring Treatment essment (PTA); Pre-Treatment Assessment (bio-psychosocial); ental Health; Outpatient Therapy - Co-occurring; Assessment: F | Adult Non-Residential Serv Occurring Treatment; Adult I s Dual Residential (MH/SA) chosocial); Co-Occurring (402)502-5002 on; Adult Non-Residential S ual; Adult Non-Residential S al Services Intervention/Edu Non-Residential Services O Co-Occurring | Non-Residential ; Adult Residential (402)502-5102 ervices Outpatient - Services Outpatient - Jucation; Juvenile iutpatient - Individual |

| Name | Agency | Address | Phone | Fax |
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| Dinneen, Mary | Dinneen Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)502-5002 | (402)502-5102 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | dult Non-Residential vices Intervention/Ed esidential Services (| Services Outpatient ucation; Juvenile |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | • | |
| | Assessment: Mental Status Exam (MSE); Outpati | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre ent Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Dombrowski, Lydia | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)305-8881 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dombrowski, Lydia | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)305-8881 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Doyle, Beverly | Team Inc | 2505 N 24th St Omaha NB 68110 | (402)451-5549 | (402)451-2876 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi Individual | dual; Juvenile Non-Residential Services Outpatient - Family; Juvenile | e Non-Residential Se | ervices Outpatient - |
| Mental Health Services: | | agement; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment | Assessment (bio-ps | sychosocial); |
| Juvenile Services: | | id); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | gical Evaluation | |
| Other Services: | Sliding Fee Scale; | | - | |
| Doyle, Beverly | Team Inc | 2505 N 24th St Omaha NB 68110 | (402)451-5549 | (402)451-2876 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi Individual | dual; Juvenile Non-Residential Services Outpatient - Family; Juvenile | e Non-Residential Se | ervices Outpatient - |
| Mental Health Services: | | agement; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment | Assessment (bio-ps | sychosocial); |
| Juvenile Services: | | id); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | gical Evaluation | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar | raluations; Adult Non-Residential Services Outpatient - Groups; Adul | t Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar | raluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment | t Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Eberle, Chantel | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5458 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Evaluations; Juvenile Residential Services Short | raluations; Adult Residential Services Short Term Residential; Juven | ile Assessment Servic | es Substance Abuse |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy ing; Outpatient Therapy - Individual-Mental Health | · · | 1.2 |
| Other Services: | | | | |
| Eberle, Chantel | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5458 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Evaluations; Juvenile Residential Services Short | raluations; Adult Residential Services Short Term Residential; Juven Term Residential | ile Assessment Servic | es Substance Abuse |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental F | | |
| | | by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy ing: Outpatient Therapy - Individual-Mental Health | -Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | Assessment (Medicaid); Assessment: Co-Occurr | ing; Outpatient Therapy - Individual-Mental Health | -Co-occurring; Asses: | sment: Pre-Treatmen |
| Other Services: Eftink-Cary, Rachel | Assessment (Medicaid); Assessment: Co-Occurr | | -Co-occurring; Assess (402)552-7062 | sment: Pre-Treatmen (402)339-4358 |
| Eftink-Cary, Rachel | Assessment (Medicaid); Assessment: Co-Occurr Heartland Family Service Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar | ing; Outpatient Therapy - Individual-Mental Health 302 American Pkwy Papillion NB 68046 raluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Family; Juvenile Non-Residential | (402)552-7062 t Non-Residential Ser stance Abuse Evaluati | (402)339-4358 vices Outpatient - ons; Juvenile Non- |
| Eftink-Cary, Rachel Substance Abuse Services: Mental Health Services: | Assessment (Medicaid); Assessment: Co-Occurr Heartland Family Service Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient Residential Services Outpatient - Groups; Juvenii Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | ing; Outpatient Therapy - Individual-Mental Health 302 American Pkwy Papillion NB 68046 raluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Family; Juvenile Non-Reside co-Occurring Treatment | (402)552-7062 t Non-Residential Ser stance Abuse Evaluati lential Services Outpa | (402)339-4358 vices Outpatient - ons; Juvenile Non- tient - Individual; |

| Name | Agency | Address | Phone | Fax |
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| Hume | Agency | Address | Thome | Tux |
| Other Services: | Sliding Fee Scale; | | | |
| Eftink-Cary, Rachel | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7062 | (402)339-4358 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst le Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Men | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | аларана (ул. 1997). Стала стала (ул. 1997). Стала стала (ул. 1997). | | |
| Eggert, Krysti | Looking Forward Counseling Services | 268 N. 115th St. #1 Omaha NB 68154 | (402)957-1709 | (402)807-7270 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residential dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ng Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Occurring; Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy - Co-occurring; Assessment: Mental I Health | Status Exam (MSE) | ; Assessment: Co- |
| Other Services: | | | | |
| Eggert, Krysti | Looking Forward Counseling Services | 268 N. 115th St. #1 Omaha NB 68154 | (402)957-1709 | (402)807-7270 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ng Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Occurring: Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy - Co-occurring; Assessment: Mental | Status Exam (MSE) | ; Assessment: Co- |
| Other Services: | 5, T T, | i neaitti | | |
| Engle, Christine | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); Ou | Itpatient Therapy - In | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Engle, Christine | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); O | utpatient Therapy - I | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Filcheck, Holly | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| | | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre Assessment: Mental Status Exam (MSE); Assessment: Psychological | | |
| Other Services. | Sliding Fee Scale, | | | |
| Filcheck, Holly | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| | Assessment: Outpatient Psychiatric Evaluation; A Individual-Mental Health | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre Assessment: Mental Status Exam (MSE); Assessment: Psychological | | |
| Other Services: | Sliding Fee Scale; | | | |
| Fitzekam, Anita | Associated Counseling Professionals | 2255 South 132nd St. Suite 200 Omaha NB 68144 | (402)334-1122 | (402)334-8171 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | dult Non-Residential vices Intervention/Ec Residential Services | Services Outpatient ducation; Juvenile Outpatient - Individua |
| | Outpatient Therapy including Family Sessions-M Occurring; Outpatient Therapy - Individual-Menta | ental Health; Outpatient Therapy - Co-occurring; Assessment: Menta Il Health | I Status Exam (MSE |); Assessment: Co- |
| Other Services: | | | | |
| Fitzekam, Anita | Associated Counseling Professionals | 2255 South 132nd St. Suite 200 Omaha NB 68144 | (402)334-1122 | (402)334-8171 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; | dult Non-Residential vices Intervention/Ec | Services Outpatient ducation; Juvenile |

| Name | Agency | Address | Phone | Fax |
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| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Mo Occurring: Outpatient Therapy - Individual-Menta | ental Health; Outpatient Therapy - Co-occurring; Assessment | :: Mental Status Exam (MSE); | Assessment: Co- |
| Other Services: | 0, I IV | | | |
| Flowers, LaRhonda | Hope and Wellness Center PC | 11414 W Center Rd #233 Omaha NB 68144 | (402)639-2901 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Educa ent - Individual; Adult Non-Residential Services Intensive Outp | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment Individual-Mental Health | : Pre-Treatment Assessment (I | Medicaid); |
| Other Services: | | | | |
| Flowers, LaRhonda | Hope and Wellness Center PC | 11414 W Center Rd #233 Omaha NB 68144 | (402)639-2901 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Educa ent - Individual; Adult Non-Residential Services Intensive Outp | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment Individual-Mental Health | : Pre-Treatment Assessment (I | Medicaid); |
| Other Services: | | | | |
| Francke, Jennifer | Jennifer Francke Psychotherapy LLC | 11907 Arbor St Suite G Omaha NB 68144 | (402)319-3016 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment | raluations; Adult Non-Residential Services Outpatient - Individ | lual; Adult Non-Residential Se | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Francke, Jennifer | Jennifer Francke Psychotherapy LLC | 11907 Arbor St Suite G Omaha NB 68144 | (402)319-3016 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment | valuations; Adult Non-Residential Services Outpatient - Individ | lual; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental | Health; Outpatient Th | erapy - Eating |
| Other Services: | Disorder; Outpatient Therapy - Individual-Mental | Health | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy including Family Sessions-Mental Health | Health; Outpatient Th | erapy - Eating |
| Other Services: | | | | |
| Gaines, Denise | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gaines, Denise | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Galvan, Ofelia | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)231-1978 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Galvan, Ofelia | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)231-1978 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Gard, Gary | GG Enterprises | 10040 Regency Circle Ste 250 Omaha NB 68114 | (402)393-5432 | (402)393-0220 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion; Psychological E | valuation |
| Juvenile Services: | Outpatient: Intensive Outpatient Therapy-Mental | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpat Health; Intensive Outpatient: Intensive Outpatient Therapy-Youth Wh Mental Status Exam (MSE); Assessment: Psychological Evaluation; utpatient Therapy - Individual-Mental Health | o Sexually Harm; As | ssessment: Pre- |
| Other Services: | | | | |
| Gard, Gary | GG Enterprises | 10040 Regency Circle Ste 250 Omaha NB 68114 | (402)393-5432 | (402)393-0220 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion; Psychological E | valuation |
| Juvenile Services: | Outpatient: Intensive Outpatient Therapy-Mental | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpat Health; Intensive Outpatient: Intensive Outpatient Therapy-Youth Wh Mental Status Exam (MSE); Assessment: Psychological Evaluation; utpatient Therapy - Individual-Mental Health | o Sexually Harm; As | ssessment: Pre- |
| Other Services: | | | | |
| Garrison, Danielle | Boys Town | 555 N. 30th St. Omaha NB 68131 | (402)498-6370 | (402)498-6768 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Family; Juvenile Non-Residential Services Out | ations; Juvenile No | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | occurring | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | sment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Garrison, Danielle | Boys Town | 555 N. 30th St. Omaha NB 68131 | (402)498-6370 | (402)498-6768 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Family; Juvenile Non-Residential Services Out | ations; Juvenile No | |

Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Psychiatric Residential Treatment Facility; Assess | sment: Pre-Treatment Assessment (Medicaid) | • | • |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | | reatment Assessment (bio-psychosocial); Co-Occurring; Adults who | o Sexually Harm Eval | uation; Psychological |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurring Therapy-Youth Who Sexually Harm; Intensive Ou | ntal Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health tpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: F ment: Psychological Evaluation; Assessment: Juvenile Who Sexual | ; Intensive Outpatient Pre-Treatment Assess | : Intensive Outpatient sment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T Evaluation | reatment Assessment (bio-psychosocial); Co-Occurring; Adults who | o Sexually Harm Eval | uation; Psychological |
| | Sexually Harm; Outpatient Therapy - Co-occurring Therapy-Youth Who Sexually Harm; Intensive Ou | ntal Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health tpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: F ment: Psychological Evaluation; Assessment: Juvenile Who Sexual | ; Intensive Outpatient Pre-Treatment Assess | : Intensive Outpatient sment (Medicaid); |
| Gill, Jill | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | (402)991-3486 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Gill, Jill | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | (402)991-3486 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult n - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Goodwin, Lori | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Er Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Invices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Residential Services Outpatient - Residenti | Family; Adult Non-Ro prvices Substance A l; Juvenile Non-Resi | esidential Services ouse Evaluations; dential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental H essment: Pre-Treatment Assessment (Medicaid); Assessment: Meni | | |
| Other Services: | Occurring; Outpatient Therapy - Individual-Menta | l Health | | |
| Goodwin, Lori | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Invices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Intervention; Juvenile Non-Residential Services Outpatient - Intervention; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Intervention; Juvenile Non-Residential Services Outpatient - Intervention; Juvenile Non-Residential Services Outpatient - Intervention; Juvenile Non-Residential Services Outpatient - Servic | Family; Adult Non-Re ervices Substance A l; Juvenile Non-Resi | esidential Services ouse Evaluations; dential Services |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H ressment: Pre-Treatment Assessment (Medicaid); Assessment: Men | ealth; Outpatient Th al Status Exam (MS | erapy - Eating E); Assessment: Co- |
| Other Services: | Occurring, Outpatient merapy - mulvidual-menta | | | |
| Gray, Alex | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | (402)932-3557 |
| | Groups; Adult Non-Residential Services Outpatie | | dult Non-Residentia | Services Outpatient |

| Name | Agency | Address | Phone | Fax |
|---|--|--|-----------------------------------|----------------------|
| Other Services: | | | | |
| | | | | |
| Gray, Alex | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | . , | (402)932-3557 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Ed ant - Family; Adult Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Adult Non-Reside antial Services Short Term Residential | dividual; Adult Non-Residential S | ervices Outpatient |
| Mental Health Services: | Outpatient Therapy; Day Treatment; Pre-Treatme | ent Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Green, Faith | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Ed nt - Family; Adult Non-Residential Services Outpatient - Ir | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Session aid); Outpatient Therapy - Individual-Mental Health | s-Mental Health; Outpatient Ther | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Green, Faith | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Ed ant - Family; Adult Non-Residential Services Outpatient - Ir | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Session aid); Outpatient Therapy - Individual-Mental Health | s-Mental Health; Outpatient Ther | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Gunther-Lehman, Brittany | Brave Resilience Counseling LLC | 6716 S 148th Circle Omaha NB 68137 | (402)819-8047 | (402)625-0664 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Ed nt - Individual; Adult Non-Residential Services Outpatient | | ervices Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Gunther-Lehman, Brittany | Brave Resilience Counseling LLC | 6716 S 148th Circle Omaha NB 68137 | (402)819-8047 | (402)625-0664 |
| | | aluations; Adult Non-Residential Services Intervention/Edu nt - Individual; Adult Non-Residential Services Outpatient - | | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 5 | lividual; Adult Non-Residential ential Services Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | | ental Health; Outpatient Therapy including Family Sessions | -Mental Health: Outpatient The | erapy - Co-occurring |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring; Outpatient Therapy - Indiv | | shapy to bootining, |
| Other Services: | Sliding Fee Scale; | | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Edu nt - Family; Adult Non-Residential Services Outpatient - Inc ervices Substance Abuse Evaluations; Juvenile Non-Resid Ivenile Non-Residential Services Outpatient - Family; Juver o Occurring Tractment | lividual; Adult Non-Residential ential Services Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| 0 | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | 0 | | · |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions | | · |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions | | · |
| Mental Health Services: Juvenile Services: Other Services: Hamilton, Teresa Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Hamilton Behavioral Health Services Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions- aid); Assessment: Co-Occurring; Outpatient Therapy - Indiv 203 W 29th Ave #6 Bellevue NB 68005 aluations; Adult Non-Residential Services Outpatient - Grou tt - Individual; Adult Non-Residential Services Outpatient - Grou Non-Residential Services Outpatient - Groups; Juvenile No Juvenile Non-Residential Services Outpatient - Co-Occurrin | idual-Mental Health (402)639-0435 ups; Adult Non-Residential Ser Co-Occurring Treatment; Juve on-Residential Services Outpa | erapy - Co-occurring; rvices Outpatient - nile Assessment tient - Family; Juvenil |
| Mental Health Services: Juvenile Services: Other Services: Hamilton, Teresa Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Hamilton Behavioral Health Services Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions- aid); Assessment: Co-Occurring; Outpatient Therapy - Indiv 203 W 29th Ave #6 Bellevue NB 68005 aluations; Adult Non-Residential Services Outpatient - Grou tt - Individual; Adult Non-Residential Services Outpatient - Grou Non-Residential Services Outpatient - Groups; Juvenile No Juvenile Non-Residential Services Outpatient - Co-Occurrin | vidual-Mental Health (402)639-0435 ups; Adult Non-Residential Ser Co-Occurring Treatment; Juve on-Residential Services Outpa ng Treatment; Juvenile Non-R | erapy - Co-occurring; rvices Outpatient - nile Assessment tient - Family; Juvenile esidential Services |

| Nomo | Agonov | Address | Phone | Fax |
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| Name | Agency | Address | Phone | гах |
| Hamilton, Teresa | Wiles Counseling & Assessment, Inc. | 7551 Main St., Ste 250 Ralston NB 68127 | (402)639-0435 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst le Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluatio | ns; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient Ther | apy - Co-occurring; |
| Other Services: | | | | |
| Hamilton, Teresa | Hamilton Behavioral Health Services | 203 W 29th Ave #6 Bellevue NB 68005 | (402)639-0435 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juveni ntial Services Outpation | le Assessment ent - Family; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient ent (Medicaid); Assessment: Mental Status Exam (MSE); Assessmer | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hamilton, Teresa | Wiles Counseling & Assessment, Inc. | 7551 Main St., Ste 250 Ralston NB 68127 | (402)639-0435 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst le Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluatio | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient Ther | apy - Co-occurring; |
| Other Services: | | | | |
| Hancock, Katelynn | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Hancock, Katelynn | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hansen, Lyndsey | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (531)355-7910 | (531)355-7916 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | 5 | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hansen, Lyndsey | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (531)355-7910 | (531)355-7916 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | g | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hansen, Mandy | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)537-7051 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Groups rvices Outpatient - Individual; Juvenile Non-Residential Services Out | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Mental H | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | | |
| Hansen, Mandy | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)537-7051 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Groups vices Outpatient - Individual; Juvenile Non-Residential Services Out | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Harm, Danyelle | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8547 | |
| | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment; Juvenile Non-Residential Services Intensive | Non-Residential Ser stance Abuse Evaluat dential Services Outp | ions; Juvenile Non- atient - Individual; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy assessment (Medicaid); Assessment: Co-Occurring; Outpatient The | -Co-occurring; Psych | iatric Residential |
| Other Services: | | | | |
| Harm, Danyelle | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8547 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment; Juvenile Non-Residential Services Intensive | stance Abuse Evaluat dential Services Outp | ions; Juvenile Non- atient - Individual; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy assessment (Medicaid); Assessment: Co-Occurring; Outpatient Therapy | -Co-occurring; Psych | iatric Residential |
| Other Services: | | | | |
| Harmes, Eric | | 5539 S. 27th St. Suite 104 Lincoln NB 68512 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Harmes, Eric | | 5539 S. 27th St. Suite 104 Lincoln NB 68512 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|-----------------------|-------------------|
| Harper, Hallie | Team Inc | 4401 N 21st St Omaha NB 68110 | (402)960-9784 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp ential Services Outpatient - Individual | venile Assessment Se | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He nt: Family Support Worker; Non-Treatment: Anger Management Clas | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Harper, Hallie | Team Inc | 4401 N 21st St Omaha NB 68110 | (402)960-9784 | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid | • | venile Assessment Se | ervices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He nt: Family Support Worker; Non-Treatment: Anger Management Clas | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Harvey, Alexandra | Community Options Individual and Family Services LLC | 1941 S. 42nd St. Suite 134 Omaha NB 68105 | (308)293-1265 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy: Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | 1 137 | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | sessment: Mental Sta | tus Exam (MSE); |
| Other Services: | | | | |
| Harvey, Alexandra | Community Options Individual and Family Services LLC | 1941 S. 42nd St. Suite 134 Omaha NB 68105 | (308)293-1265 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Non-Treatment: Intensive Family Preservation: O | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As utpatient Therapy - Individual-Mental Health | ssessment: Mental Sta | tus Exam (MSE); |
| Other Services: | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring e Residential Services Therapeutic Community or Therapeutic Group | ring Treatment; Juveni idential Services Outpa ng Treatment; Juvenile | e Assessment atient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | occurring; Therapeutic Group Home-Co-Occurring Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmen | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | |
| | Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin e Residential Services Therapeutic Community or Therapeutic Group | idential Services Outpang Treatment; Juvenile | atient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmen | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hayes, Jill | | 10840 Old Mill Road, Suite 300 Omaha NB 68154 | (402)321-2624 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services enile Assessment Services Substance Abuse Evaluations; Juvenile Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile No ces Short Term Residential | Adult Non-Residential S Dual Residential (MH/S Non-Residential Servic utpatient - Family; Juve | ervices Outpatient A); Adult es nile Non-Residentia |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H py-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy reatment - Co-occurring; Assessment: Pre-Treatment Assessment (N | -Co-occurring; Day Tre | atment Day |
| | Outpatient Therapy - Individual-Mental Health | earment - Co-occurring, Assessment. Fre- rreatment Assessment (r | | Co-Occurring; |

| Name | Agency | Address | Phone | Fax |
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| Hayes, Jill | | 10840 Old Mill Road, Suite 300 Omaha NB 68154 | (402)321-2624 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv Intervention/Education; Juvenile Non-Residential | | Adult Non-Residential S Dual Residential (MH/S Non-Residential Servic outpatient - Family; Juve | ervices Outpatient A); Adult es nile Non-Residentia |
| Juvenile Services: Other Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental I y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy reatment - Co-occurring; Assessment: Pre-Treatment Assessment (| /-Co-occurring; Day Tre | atment Day |
| Hebrank, Ida-Marie | IM Hebrank Psychotherapy LLC | 1406 Fort Crook Rd S Ste 401 Bellevue NB 68005 | (402)541-9698 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | ing ricament | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hebrank, Ida-Marie | IM Hebrank Psychotherapy LLC | 1406 Fort Crook Rd S Ste 401 Bellevue NB 68005 | (402)541-9698 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | ervices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | ning meannent | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Heidvogel, Brian | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7004 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | ces Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | 5 | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | | Address | | Phone | Fax |
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| Heidvogel, Brian | Heartland Family Service | 2101 S 42 | nd St Omaha NB 68105 | | (402)552-7004 | |
| | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; | Adult Non-Residential Services Ou | | | ces Outpatient - |
| Hernandez, Antonieta | Omni Behavioral Health | 5115 F St. | Omaha NB 68117 | | (402)397-9866 | |
| | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Family Sessions-Me | | , | tal Health | | |
| Hernandez, Antonieta | Omni Behavioral Health | 5115 F St. | Omaha NB 68117 | | (402)397-9866 | |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me | | , | tal Health | | |
| Herout, Christine | Veterans Affairs Medical Center (Veterans Only) | 4101 Woo | worth Drive Omaha NB 68105 | | (402)995-4212 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | nt - Individual; | Adult Non-Residential Services Ou | tpatient - Co-Occurrir | ng Treatment; Adult N | on-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | ent Assessme | nt (bio-psychosocial); Co-Occurring | I | | |
| Herout, Christine | Veterans Affairs Medical Center (Veterans Only) | 4101 Woo | worth Drive Omaha NB 68105 | | (402)995-4212 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | nt - Individual; | Adult Non-Residential Services Ou | tpatient - Co-Occurrir | ng Treatment; Adult N | on-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | ent Assessme | nt (bio-psychosocial); Co-Occurring | | | |

| Name | Agency | Address | Phone | Fax |
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| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Substance Abuse Services: | | ty; Juvenile Residential Services Halfway-House or SA Group Home | ; Juvenile Residentia | al Services Short Term |
| Mental Health Services: | Residential Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Assess | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Substance Abuse Services: | Adult Residential Services Therapeutic Communi Residential | ty; Juvenile Residential Services Halfway-House or SA Group Home | ; Juvenile Residentia | al Services Short Term |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| | 5 | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Higgins, Joy | Collaborative Industries Inc | 5701 Thompson Creek Blvd Ste 200 Lincoln NB 68516 | (712)242-0533 | (712)242-0534 |
| Substance Abuse Services: | | ation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; | | | |
| Higgins, Joy | Collaborative Industries Inc | 5701 Thompson Creek Blvd Ste 200 Lincoln NB 68516 | (712)242-0533 | (712)242-0534 |
| Substance Abuse Services: | | ation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; | | | |
| Hill, Rhonda | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)980-9544 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | | erapy - Co-occurring; |
| Other Services: | Assessment. Fier fredunient Assessment (Medice | any, Assessment. Co-occurring, Outpatient merapy - individual-ivier | | |

| Name | Agency | Address | Phone | Fax |
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| Hill, Rhonda | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)980-9544 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | | erapy - Co-occurring |
| Other Services: | · · | | | |
| Hoelscher, Shantel | Douglas County CMHC Detox Services | 1490 N 16th St Omaha NB 68102 | (402)444-1976 | (402)444-1758 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Assessment Services Substance Abuse Evaluation | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inter ons; Juvenile Non-Residential Services Outpatient - Family; Juvenile tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service | sive Outpatient Trea Non-Residential Ser | tment; Juvenile vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Hoelscher, Shantel | Douglas County CMHC Detox Services | 1490 N 16th St Omaha NB 68102 | (402)444-1976 | (402)444-1758 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Assessment Services Substance Abuse Evaluation | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inter ons; Juvenile Non-Residential Services Outpatient - Family; Juvenile tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service | sive Outpatient Trea Non-Residential Ser | tment; Juvenile vices Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Other Services: | Bilingual Services; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| Hughbanks, Sharon | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5454 | (402)715-5452 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Outpatient Treatment; Adult Residential Services | aluations; Adult Non-Residential Services Outpatient - Individual; Adu Short Term Residential | ult Non-Residential S | Services Intensive |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hughbanks, Sharon | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5454 | (402)715-5452 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Outpatient Treatment; Adult Residential Services | aluations; Adult Non-Residential Services Outpatient - Individual; Adu Short Term Residential | ult Non-Residential S | Services Intensive |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jackson, Sybil | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)779-9438 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: | dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni | Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential |
| | Health; Intensive Outpatient: Intensive Outpatient Outpatient Therapy - Individual-Mental Health | : Therapy-Co-occurring; Non-Treatment: Family Support Worker; Non | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jackson, Sybil | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)779-9438 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Health; Intensive Outpatient: Intensive Outpatien | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatier t Therapy-Co-occurring; Non-Treatment: Family Support Worker; No | | |
| Other Services: | Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; | | | |
| Jansen, Laura | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I ent (Medicaid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient The | erapy - Eating |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Jansen, Laura | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Outpatient - Groups; Juvenile Non-Resid ; Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I ent (Medicaid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient The | erapy - Eating |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu le Assessment Services Substance Abuse Evaluations; Juvenile No I Services Outpatient - Groups; Juvenile Non-Residential Services C esidential Services Outpatient - Co-Occurring Treatment; Juvenile N | rring Treatment; Adul n-Residential Service: Dutpatient - Family; Ju | t Non-Residential s venile Non-Resident |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental I by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy atus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - | /-Co-occurring; Asses | sment: Pre-Treatm |
| Other Services: | Sliding Fee Scale: | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Out- sidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor- | ng Treatment; Adult Residential Services tpatient - Family; Juv | Non-Residential s venile Non-Residentia |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Ir | Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Kathleen | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); Ou | Itpatient Therapy - I | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Kathleen | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); Ou | Itpatient Therapy - In | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Terence | Community Justice Center | 2401 Lake St Ste 240 Omaha NB 68111 | (402)452-1929 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Johnson, Terence | Community Justice Center | 2401 Lake St Ste 240 Omaha NB 68111 | (402)452-1929 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Jones, Kimberly | Eastern Nebraska Community Action Partnership Inc | 2406 Fowler Avenue Omaha NB 68111 | (402)453-5656 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, Kimberly | Eastern Nebraska Community Action Partnership Inc | 2406 Fowler Avenue Omaha NB 68111 | (402)453-5656 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual | | |
| | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Mental Health Services: Juvenile Services: | | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | (bio-psychosocial); Co-Occurring 8031 West Center Road Suite 210 Omaha NB 68124 | (402)990-7362 | (402)763-8915 |
| Juvenile Services: Other Services: Kaipust, Jamie | Sliding Fee Scale; A Desired Life Therapy and Counseling LLC Adult Assessment Services Substance Abuse E Individual; Juvenile Assessment Services Substa | | ult Non-Residential Serv | ices Outpatient - |
| Juvenile Services: Other Services: Kaipust, Jamie Substance Abuse Services: | Sliding Fee Scale; A Desired Life Therapy and Counseling LLC Adult Assessment Services Substance Abuse E Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | 8031 West Center Road Suite 210 Omaha NB 68124 valuations; Adult Non-Residential Services Outpatient - Family; Adu | ult Non-Residential Serv tient - Family; Juvenile N | ices Outpatient - |
| Juvenile Services: Other Services: Kaipust, Jamie Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; A Desired Life Therapy and Counseling LLC Adult Assessment Services Substance Abuse Er Individual; Juvenile Assessment Services Substa Services Outpatient - Individual Outpatient Therapy; Juvenile Pre-Treatment Ass Outpatient Therapy including Family Sessions-M | 8031 West Center Road Suite 210 Omaha NB 68124 valuations; Adult Non-Residential Services Outpatient - Family; Adu ance Abuse Evaluations; Juvenile Non-Residential Services Outpatient sessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co fental Health; Outpatient Therapy - Co-occurring; Assessment: Pre | ult Non-Residential Serv tient - Family; Juvenile N p-Occurring | ices Outpatient - Ion-Residential |
| Juvenile Services: Other Services: Kaipust, Jamie Substance Abuse Services: Mental Health Services: Juvenile Services: | Sliding Fee Scale; A Desired Life Therapy and Counseling LLC Adult Assessment Services Substance Abuse Er Individual; Juvenile Assessment Services Substa Services Outpatient - Individual Outpatient Therapy; Juvenile Pre-Treatment Ass | 8031 West Center Road Suite 210 Omaha NB 68124 valuations; Adult Non-Residential Services Outpatient - Family; Adu ance Abuse Evaluations; Juvenile Non-Residential Services Outpatient sessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co fental Health; Outpatient Therapy - Co-occurring; Assessment: Pre | ult Non-Residential Serv tient - Family; Juvenile N p-Occurring | ices Outpatient - Ion-Residential |
| Juvenile Services: Other Services: Kaipust, Jamie Substance Abuse Services: Mental Health Services: Juvenile Services: | Sliding Fee Scale; A Desired Life Therapy and Counseling <u>LLC</u> Adult Assessment Services Substance Abuse Er Individual; Juvenile Assessment Services Substa Services Outpatient - Individual Outpatient Therapy; Juvenile Pre-Treatment Ass Outpatient Therapy including Family Sessions-M Assessment: Mental Status Exam (MSE); Outpat | 8031 West Center Road Suite 210 Omaha NB 68124 valuations; Adult Non-Residential Services Outpatient - Family; Adu ance Abuse Evaluations; Juvenile Non-Residential Services Outpatient sessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co fental Health; Outpatient Therapy - Co-occurring; Assessment: Pre | ult Non-Residential Serv tient - Family; Juvenile N p-Occurring | ices Outpatient - Ion-Residential |
| Juvenile Services: Other Services: Kaipust, Jamie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kaipust, Jamie | Sliding Fee Scale; A Desired Life Therapy and Counseling <u>LLC</u> Adult Assessment Services Substance Abuse Er Individual; Juvenile Assessment Services Substa Services Outpatient - Individual Outpatient Therapy; Juvenile Pre-Treatment Ass Outpatient Therapy including Family Sessions-M Assessment: Mental Status Exam (MSE); Outpat Bilingual Services; A Desired Life Therapy and Counseling <u>LLC</u> Adult Assessment Services Substance Abuse Er Individual; Juvenile Assessment Services Substance | 8031 West Center Road Suite 210 Omaha NB 68124 valuations; Adult Non-Residential Services Outpatient - Family; Adu ance Abuse Evaluations; Juvenile Non-Residential Services Outpatient sessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co fental Health; Outpatient Therapy - Co-occurring; Assessment: Pre tient Therapy - Individual-Mental Health | ult Non-Residential Serv tient - Family; Juvenile N p-Occurring -Treatment Assessment (402)990-7362 ult Non-Residential Serv | ices Outpatient - lon-Residential (Medicaid); (402)763-8915 ices Outpatient - |
| Juvenile Services: Other Services: Kaipust, Jamie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kaipust, Jamie Substance Abuse Services: | Sliding Fee Scale; A Desired Life Therapy and Counseling <u>LLC</u> Adult Assessment Services Substance Abuse E Individual; Juvenile Assessment Services Substa Services Outpatient - Individual Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Family Sessions-N Assessment: Mental Status Exam (MSE); Outpat Bilingual Services; A Desired Life Therapy and Counseling <u>LLC</u> Adult Assessment Services Substance Abuse E Individual; Juvenile Assessment Services Substance Substance Services Outpatient - Individual | 8031 West Center Road Suite 210 Omaha NB 68124 valuations; Adult Non-Residential Services Outpatient - Family; Adu ance Abuse Evaluations; Juvenile Non-Residential Services Outpatient sessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co fental Health; Outpatient Therapy - Co-occurring; Assessment: Pre tient Therapy - Individual-Mental Health 8031 West Center Road Suite 210 Omaha NB 68124 valuations; Adult Non-Residential Services Outpatient - Family; Adu | ult Non-Residential Serv tient - Family; Juvenile N o-Occurring -Treatment Assessment (402)990-7362 ult Non-Residential Serv tient - Family; Juvenile N | ices Outpatient - lon-Residential (Medicaid); (402)763-8915 ices Outpatient - |

| Name | Agency | Address | Phone | Fax |
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| Nume | Agency | Address | Thome | I UX |
| | | SE); Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Bilingual Services; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kimmerling, Katherine | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile adividual; Juvenile Non-Residential Services Outpatient - Co-Occu | I; Adult Non-Residentia ervices Substance Abus Non-Residential Servic | l Services Outpatient - e Evaluations; Juvenil ces Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Other Services: Kimmerling, Katherine | Sliding Fee Scale; The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Kimmerling, Katherine Substance Abuse Services: | The Bridge Behavioral Health Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education int - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile idividual; Juvenile Non-Residential Services Outpatient - Co-Occu | ; Adult Non-Residential I; Adult Non-Residentia ervices Substance Abus Non-Residential Servic | Services Outpatient - I Services Outpatient e Evaluations; Juveni ces Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
|--|---|--|--|--|
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpaties | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A int - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D renile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider | dult Non-Residential Dual Residential (MH Non-Residential Serv y; Juvenile Non-Res | Services Outpatient //SA); Adult /ices Care Monitoring idential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| | Audit Assessment Services Substance Abuse Ev | aluations: Adult Non-Residential Services Care Monitoring SA/MH: A | dult Non-Residentia | i Services Outbatient |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment | valuations; Adult Non-Residential Services Care Monitoring SA/MH; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D renile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resident (bis psychosocial): Co-Occurring | dult Non-Residential Dual Residential (MH Non-Residential Serv y; Juvenile Non-Res | Services Outpatient //SA); Adult vices Care Monitoring idential Services |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D renile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider (bio-psychosocial); Co-Occurring | dult Non-Residential Dual Residential (MH Non-Residential Serv y; Juvenile Non-Res | Services Outpatient //SA); Adult vices Care Monitoring idential Services |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D renile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider | dult Non-Residential Dual Residential (MH Non-Residential Serv y; Juvenile Non-Res | Services Outpatient //SA); Adult vices Care Monitoring idential Services |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Co-occurring; Intensive Out | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D renile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider (bio-psychosocial); Co-Occurring | dult Non-Residential Dual Residential (MH Non-Residential Serv y; Juvenile Non-Res | Services Outpatient //SA); Adult vices Care Monitoring idential Services |
| Mental Health Services: Juvenile Services: Other Services: Kola, Betty Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Co-occurring; Intensive Out Sliding Fee Scale; Buoyant Family Services Counseling and <u>Consulting LLC</u> Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenill | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D renile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider (bio-psychosocial); Co-Occurring patient: Intensive Outpatient Therapy-Co-occurring The Center-Suite 106 1941 S 42nd St Omaha NB 68105 raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | dult Non-Residential Dual Residential (MH Non-Residential Serv y; Juvenile Non-Res Itial Services Intensi (402)905-1120 Non-Residential Se ing Treatment; Adult Residential Services | Services Outpatien //SA); Adult /ices Care Monitorin idential Services ve Outpatient rvices Outpatient - : Non-Residential s Outpatient - Group |

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|---|
| Kola, Betty | Buoyant Family Services Counseling and Consulting LLC | The Center-Suite 106 1941 S 42nd St Omaha NB 68105 | (402)905-1120 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr le Assessment Services Substance Abuse Evaluations; Juvenile Non- family; Juvenile Non-Residential Services Outpatient - Individual; Juve | ing Treatment; Adult N Residential Services C | on-Residential Dutpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Non-Treatment: Family Support Worker; Non-Tre | lental Health; Assessment: Pre-Treatment Assessment (Medicaid); As eatment: Mentoring; Outpatient Therapy - Individual-Mental Health | ssessment: Mental Sta | tus Exam (MSE); |
| Other Services: | Bilingual Services; | | | |
| Korner, Jennifer | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5492 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Treatment; Juvenile Assessment Serv Residential Services Intensive Outpatient Treatm Outpatient Therapy Outpatient Therapy including Group Sessions-M | valuations; Adult Non-Residential Services Intervention/Education; Ad vices Substance Abuse Evaluations; Juvenile Non-Residential Service nent ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: t Therapy-Co-occurring; Assessment: Co-Occurring; Outpatient Thera | es Intervention/Educati | on; Juvenile Non- |
| | | | apy - individual-iviental | |
| Other Services: | Sliding Fee Scale; | | apy - individual-imental | |
| | Sliding Fee Scale; Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| Korner, Jennifer | Hope and Wellness Center PC | | | |
| Korner, Jennifer | Hope and Wellness Center PC Adult Assessment Services Substance Abuse Ex | 11414 W. Center Road, Suite #300 Omaha NB 68144 | | |
| Korner, Jennifer Substance Abuse Services: | Hope and Wellness Center PC Adult Assessment Services Substance Abuse Ev Outpatient Therapy | 11414 W. Center Road, Suite #300 Omaha NB 68144 | | |
| Korner, Jennifer Substance Abuse Services: Mental Health Services: | Hope and Wellness Center PC Adult Assessment Services Substance Abuse Ex Outpatient Therapy | 11414 W. Center Road, Suite #300 Omaha NB 68144 | | |
| Korner, Jennifer Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Hope and Wellness Center PC Adult Assessment Services Substance Abuse Ex Outpatient Therapy | 11414 W. Center Road, Suite #300 Omaha NB 68144 | | |
| Korner, Jennifer Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Hope and Wellness Center PC Adult Assessment Services Substance Abuse Ex Outpatient Therapy Stephen Center Adult Assessment Services Substance Abuse Ex Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment | 11414 W. Center Road, Suite #300 Omaha NB 68144 valuations; Adult Non-Residential Services Outpatient - Individual 5217 S 28th St Omaha NB 68107 valuations; Adult Non-Residential Services Intervention/Education; Ad vices Substance Abuse Evaluations; Juvenile Non-Residential Service | (402)639-2901 (402)715-5492 ult Non-Residential Se | Health rvices Intensive |
| Korner, Jennifer Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Korner, Jennifer Substance Abuse Services: Mental Health Services: | Hope and Wellness Center PC Adult Assessment Services Substance Abuse Ex Outpatient Therapy Stephen Center Adult Assessment Services Substance Abuse Ex Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Outpatient Treatment; Outpatient Therapy Outpatient Therapy Outpatient Therapy Outpatient Therapy Outpatient Therapy | 11414 W. Center Road, Suite #300 Omaha NB 68144 valuations; Adult Non-Residential Services Outpatient - Individual 5217 S 28th St Omaha NB 68107 valuations; Adult Non-Residential Services Intervention/Education; Ad vices Substance Abuse Evaluations; Juvenile Non-Residential Service | (402)639-2901 (402)715-5492 ult Non-Residential Se es Intervention/Educati | Health rvices Intensive on; Juvenile Non- ⁻ herapy-Mental |

| Name | Agency | Address | Phone | Fax |
|---|---|---|--|---|
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Korth, Brandi | | 2547 North 48th Avenue Omaha NB 68104 | (402)217-4837 | (531)301-5593 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; Adult ttient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | ccurring; Outpatient T | herapy - Individual- |
| Other Services: | | | | |
| Korth, Brandi | | 2547 North 48th Avenue Omaha NB 68104 | (402)217-4837 | (531)301-5593 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Family; Adult ttient - Co-Occurring Treatment; Juvenile Assessment Services Subs | | |
| | | e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | sidential Services Ou | |
| Mental Health Services: | Residential Services Outpatient - Family; Juvenil Treatment | e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | sidential Services Ou | |
| | Residential Services Outpatient - Family; Juvenil Treatment Outpatient Therapy | e Non-Residential Šervices Outpatient - Individual; Juvenile Non-Res ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | | tpatient - Co-Occurrin |
| | Residential Services Outpatient - Family; Juvenil Treatment Outpatient Therapy Outpatient Therapy including Family Sessions-M | | | tpatient - Co-Occurrin |
| Juvenile Services: | Residential Services Outpatient - Family; Juvenil Treatment Outpatient Therapy Outpatient Therapy including Family Sessions-M | | | tpatient - Co-Occurrin |
| Juvenile Services: Other Services: Krejci, Ann Substance Abuse Services: | Residential Services Outpatient - Family; Juvenil Treatment Outpatient Therapy Outpatient Therapy including Family Sessions-M Mental Health Stephen Center Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residentia | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc 5217 S 28th St Omaha NB 68107 /aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Ion-Residential Services Partial Care; Adult Residential Services Dua I Services Short Term Residential | ccurring; Outpatient T (402)715-5453 t Non-Residential Se ring Treatment; Adult | tpatient - Co-Occurrir Therapy - Individual- (402)715-5452 rvices Outpatient - |
| Juvenile Services: Other Services: Krejci, Ann Substance Abuse Services: | Residential Services Outpatient - Family; Juvenil Treatment Outpatient Therapy Outpatient Therapy including Family Sessions-M Mental Health Stephen Center Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult N | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc 5217 S 28th St Omaha NB 68107 /aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Ion-Residential Services Partial Care; Adult Residential Services Dua I Services Short Term Residential | ccurring; Outpatient T (402)715-5453 t Non-Residential Se ring Treatment; Adult | tpatient - Co-Occurrir Therapy - Individual- (402)715-5452 rvices Outpatient - |

| Name | Agency | Address | Phone | Fax |
|---|---|--|--|--|
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Ion-Residential Services Partial Care; Adult Residential Services Dua Services Short Term Residential | ing Treatment; Adult | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| | | rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal | | |
| | Assessment: Mental Status Exam (MSE); Assess | ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmen Mediation; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Assessment: Mental Status Exam (MSE); Assess | sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatment | | |
| Other Services: Kroeker, Sandra | Assessment: Mental Status Exam (MSE); Assess | sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatment | | |
| | Assessment: Mental Status Exam (MSE); Assess Treatment: Juvenile Offender/Victim and Conflict | sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmen Mediation; Outpatient Therapy - Individual-Mental Health | nt: Anger Manageme | ent Class; Non- |
| Kroeker, Sandra Substance Abuse Services: | Assessment: Mental Status Exam (MSE); Assess Treatment: Juvenile Offender/Victim and Conflict | sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmen Mediation; Outpatient Therapy - Individual-Mental Health PO Box 684 1080 17th ST Henderson NB 68371 | nt: Anger Manageme | ent Class; Non- |
| Kroeker, Sandra Substance Abuse Services: Mental Health Services: | Assessment: Mental Status Exam (MSE); Assess Treatment: Juvenile Offender/Victim and Conflict Sandra Hale Kroeker PC Outpatient Therapy; Adults who Sexually Harm E Outpatient Therapy including Group Sessions-Ma Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess | sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmen Mediation; Outpatient Therapy - Individual-Mental Health PO Box 684 1080 17th ST Henderson NB 68371 | nt: Anger Manageme (402)723-4883 ealth; Outpatient The th; Intensive Outpati ent: Pre-Treatment A | ent Class; Non- (402)723-4914 erapy - Youth Who ent: Intensive ssessment (Medicaid |
| Kroeker, Sandra Substance Abuse Services: Mental Health Services: | Assessment: Mental Status Exam (MSE); Assess Treatment: Juvenile Offender/Victim and Conflict Sandra Hale Kroeker PC Outpatient Therapy; Adults who Sexually Harm E Outpatient Therapy including Group Sessions-Ma Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess | Sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmen Mediation; Outpatient Therapy - Individual-Mental Health PO Box 684 1080 17th ST Henderson NB 68371 Evaluation ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme | nt: Anger Manageme (402)723-4883 ealth; Outpatient The th; Intensive Outpati ent: Pre-Treatment A | ent Class; Non- (402)723-4914 erapy - Youth Who ent: Intensive ssessment (Medicaid |
| Kroeker, Sandra Substance Abuse Services: Mental Health Services: Juvenile Services: | Assessment: Mental Status Exam (MSE); Assess Treatment: Juvenile Offender/Victim and Conflict Sandra Hale Kroeker PC Outpatient Therapy; Adults who Sexually Harm E Outpatient Therapy including Group Sessions-Ma Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess | Sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmen Mediation; Outpatient Therapy - Individual-Mental Health PO Box 684 1080 17th ST Henderson NB 68371 Evaluation ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme | nt: Anger Manageme (402)723-4883 ealth; Outpatient The th; Intensive Outpati ent: Pre-Treatment A | ent Class; Non- (402)723-4914 erapy - Youth Who ent: Intensive ssessment (Medicaid |
| Kroeker, Sandra Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Lanning, Krystal | Assessment: Mental Status Exam (MSE); Assess Treatment: Juvenile Offender/Victim and Conflict Sandra Hale Kroeker PC Outpatient Therapy; Adults who Sexually Harm E Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess Treatment: Juvenile Offender/Victim and Conflict Heartland Family Service | An Arriver Server Serve | nt: Anger Manageme (402)723-4883 ealth; Outpatient The th; Intensive Outpati ent: Pre-Treatment A nt: Anger Manageme (402)553-3000 | ent Class; Non- (402)723-4914 erapy - Youth Who ent: Intensive ssessment (Medicaic |
| Kroeker, Sandra Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Lanning, Krystal Substance Abuse Services: | Assessment: Mental Status Exam (MSE); Assess Treatment: Juvenile Offender/Victim and Conflict Sandra Hale Kroeker PC Outpatient Therapy; Adults who Sexually Harm E Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess Treatment: Juvenile Offender/Victim and Conflict Heartland Family Service | Anter Sement: Juvenile Who Sexually Harm Risk Assessment; Non-Treatment Mediation; Outpatient Therapy - Individual-Mental Health PO Box 684 1080 17th ST Henderson NB 68371 Evaluation ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme Sement: Juvenile Who Sexually Harm Risk Assessment; Non-Treatment Mediation; Outpatient Therapy - Individual-Mental Health 2101 S 42nd St Omaha NB 68105 raluations; Juvenile Assessment Services Substance Abuse Evaluation | nt: Anger Manageme (402)723-4883 ealth; Outpatient The th; Intensive Outpati ent: Pre-Treatment A nt: Anger Manageme (402)553-3000 | ent Class; Non- (402)723-4914 erapy - Youth Who ent: Intensive ssessment (Medicaid |
| Kroeker, Sandra Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Lanning, Krystal Substance Abuse Services: | Assessment: Mental Status Exam (MSE); Assess Treatment: Juvenile Offender/Victim and Conflict Sandra Hale Kroeker PC Outpatient Therapy; Adults who Sexually Harm E Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess Treatment: Juvenile Offender/Victim and Conflict Heartland Family Service Adult Assessment Services Substance Abuse Events | Anter Sement: Juvenile Who Sexually Harm Risk Assessment; Non-Treatment Mediation; Outpatient Therapy - Individual-Mental Health PO Box 684 1080 17th ST Henderson NB 68371 Evaluation ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme Sement: Juvenile Who Sexually Harm Risk Assessment; Non-Treatment Mediation; Outpatient Therapy - Individual-Mental Health 2101 S 42nd St Omaha NB 68105 raluations; Juvenile Assessment Services Substance Abuse Evaluation | nt: Anger Manageme (402)723-4883 ealth; Outpatient The th; Intensive Outpati ent: Pre-Treatment A nt: Anger Manageme (402)553-3000 | ent Class; Non- (402)723-4914 erapy - Youth Who ent: Intensive ssessment (Medicaic |

| Name | Agency | Address | Phone | Fax |
|---|--|---|------------------------|----------------------|
| Lanning, Krystal | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | aluations; Juvenile Assessment Services Substance Abuse Evalua (bio-psychosocial); Co-Occurring | ations | |
| Lindner, Jennifer | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| | Pre-Treatment Assessment (bio-psychosocial); P Outpatient Therapy including Family Sessions-Me | Psychological Evaluation ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Lindner, Jennifer | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| | Pre-Treatment Assessment (bio-psychosocial); P Outpatient Therapy including Family Sessions-Me | Psychological Evaluation ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Loftis, Mary | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | raluations; Adult Non-Residential Services Outpatient - Family; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sul e Non-Residential Services Outpatient - Individual; Juvenile Non-R | ostance Abuse Evalua | tions; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Mo Treatment Assessment (Medicaid); Outpatient Th | ental Health; Outpatient Therapy - Eating Disorder; Outpatient The nerapy - Individual-Mental Health | rapy - Co-occurring; A | ssessment: Pre- |
| Other Services: | | | | |
| Loftis, Mary | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sul e Non-Residential Services Outpatient - Individual; Juvenile Non-R | ostance Abuse Evalua | tions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: Other Services: | Outpatient Therapy including Family Sessions-M Treatment Assessment (Medicaid); Outpatient Th | ental Health; Outpatient Therapy - Eating Disorder; Outpatient The herapy - Individual-Mental Health | rapy - Co-occurring; A | ssessment: Pre- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---------------------|
| Louderback, Thomas | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Louderback, Thomas | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Luck, Jonnae | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7403 | (402)552-7444 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | 9 | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Luck, Jonnae | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7403 | (402)552-7444 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | ing reament | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Mackey, Kimberly | Boys Town | 14092 Hospital Rd Boys Town NB 68010 | (531)355-5409 | (531)355-5499 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | rring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | | ental Health; Psychiatric Residential Treatment Facility; Assessment | t: Pre-Treatment Asse | essment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Add 000 | Thome | T UX |
| Mackey, Kimberly | Boys Town | 14092 Hospital Rd Boys Town NB 68010 | (531)355-5409 | (531)355-5499 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juver ntial Services Outpat | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Assessment: Mental Status Exam (MSE); Outpat | ental Health; Psychiatric Residential Treatment Facility; Assessment: ient Therapy - Individual-Mental Health | Pre-Treatment Asse | ssment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Mahnke, Ryan | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)214-9254 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Mahnke, Ryan | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)214-9254 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Matulka, Megan | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5492 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residential | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur ion-Residential Services Partial Care; Adult Residential Services Dua Services Short Term Residential | ring Treatment; Adul | Non-Residential |
| | Sliding Fee Scale; | | | |
| Matulka, Megan | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5492 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residential | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Individual; Adult Non-Residential Services Outpatient - Co-Occur Ion-Residential Services Partial Care; Adult Residential Services Dua Services Short Term Residential | ring Treatment; Adul | Non-Residential |

| Neme | A 2020 | Address | Phone | Ferr |
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| Name | Agency | Address | Fhone | Fax |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Mayberry, Susan | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)960-8712 | (402)614-8443 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ing Treatment; Adult Residential Services | Non-Residential Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- | | |
| Other Services: | | | | |
| Mayberry, Susan | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)960-8712 | (402)614-8443 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ing Treatment; Adult Residential Services | Non-Residential Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-0 | | |
| Other Services: | | | | |
| Mayfield, Betsy | Let it Be Counseling LLC | 444 Regency Parkway Suite #104 Omaha NB 68114 | (402)932-2296 | (402)933-9335 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: Outpatient Therapy - Individual-Mental Health | Pre-Treatment Assessment (Medicaid); Assessment: Mental Status E | Exam (MSE); Assess | sment: Co-Occurring; |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Mayfield, Betsy | Let it Be Counseling LLC | 444 Regency Parkway Suite #104 Omaha NB 68114 | (402)932-2296 | (402)933-9335 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential vices Intervention/Ec | Services Outpatient - ducation; Juvenile |
| | | Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | Exam (MSE); Asses | sment: Co-Occurring; |
| McCaghy, Peggy | Capstone Behavioral Health | 1941 S. 42nd St. STE 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Assessment: Psychological Evaluation; Outpatier Sliding Fee Scale; | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | ssessment: Mental S | itatus Exam (MSE); |
| McCaghy, Peggy | Capstone Behavioral Health | 1941 S. 42nd St. STE 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Psychological Evaluation | | |
| | Assessment: Psychological Evaluation; Outpatier | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As nt Therapy - Individual-Mental Health | ssessment: Mental S | itatus Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 5 | dult Non-Residential vices Intervention/Ec | Services Outpatient |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H nent: Mentoring; Outpatient Therapy - Individual-Mental Health | ealth; Assessment: (| Co-Occurring; Non- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He nent: Mentoring; Outpatient Therapy - Individual-Mental Health | ealth; Assessment: (| Co-Occurring; Non- |
| Other Services: | | | | |
| McCullough, Cynthia | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)932-2537 | (402)932-2534 |
| | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| McCullough, Cynthia | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)932-2537 | (402)932-2534 |
| | | | | |
| | Sliding Fee Scale; | | | |
| McCullough, Otis | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)932-2537 | (402)592-1173 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| McCullough, Otis | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)932-2537 | (402)592-1173 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name McDonald, Kathryn | Agency | Address | Phone | Fax |
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| McDonald, Kathryn | , igonoy | 71441000 | | - un |
| | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | (402)932-3557 |
| | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services S | dult Non-Residential | Services Outpatier |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| McDonald, Kathryn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | (402)932-3557 |
| | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services S | dult Non-Residential | Services Outpatien |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| McDonald, Katie | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)932-3557 |
| | Adult Assessment Services Substance Abuse Eva Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Individual; Adu | ult Non-Residential S | Services Intensive |
| | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| McDonald, Katie | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)932-3557 |
| - | Adult Assessment Services Substance Abuse Eva | aluations; Adult Non-Residential Services Outpatient - Individual; Adu | ult Non-Residential S | Services Intensive |
| | Outpatient Treatment | • | | |
| | Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | | | | |
| Mental Health Services: | | | | |
| Mental Health Services: Juvenile Services: Other Services: | | | (402)341-1821 | (402)905-9473 |
| Mental Health Services: Juvenile Services: Other Services: Aclaurine, Marilyn | | (bio-psychosocial); Co-Occurring 1927 Wirt St_Omaha NB 68110 | | |
| Mental Health Services: Juvenile Services: Other Services: Mclaurine, Marilyn Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring 1927 Wirt St_Omaha NB 68110 aluations | | |
| Mental Health Services: Juvenile Services: Other Services: Melaurine, Marilyn Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (Adult Assessment Services Substance Abuse Eva Pre-Treatment Assessment (bio-psychosocial); C | (bio-psychosocial); Co-Occurring 1927 Wirt St Omaha NB 68110 aluations o-Occurring y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- | (402)341-1821 | (402)905-9473 |

| Name | Agency | Address | Phone | Fax |
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| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 | (402)905-9473 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); Co | o-Occurring | | |
| | Intensive Outpatient: Intensive Outpatient Therapy Assessment (Medicaid); Assessment: Mental Stat | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy tus Exam (MSE); Assessment: Co-Occurring | -Co-occurring; Asses | sment: Pre-Treatm |
| Other Services: | | | | |
| | Douglas County Community Mental Health Center | | (402)599-2710 | (402)599-2562 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient T | | Services Outpatien |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - In s Outpatient - Family; Adult Non-Residential Services Outpatient - In | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meckna, Shy | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)599-2710 | (402)599-2562 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Intensive Outpatient T | | Services Outpatier |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| | | | | |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Monitoring SA/MH; Adult Non-Residential Service | 7005 N 88th Street Omaha NB 68122 aluations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Intervention Services Outpat | dult Non-Residential | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - In Services Outpatient - In | dult Non-Residential | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - In Services Outpatient - In | dult Non-Residential | |

| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Service | Name | Agency | Address | Phone | Fax |
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| Individua; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Other Services: Silding Fee Scale; Bilingual Services; Deter Services: Silding Fee Scale; Bilingual Services; Deter Services: Substance Abuse Services: Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Other Services: Other Services: Silding Fee Scale; Bilingual Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Individua; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Other Services: Other Services: Silding Fee Scale; Bilingual Services; Lertes, Courtney 268 N. 115th Street, Ste 1 Omaha NB 68154 (402)590-8766 (402)838-724 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individua; Adult Non-Residential Services Outpatient Groups; Adult Non-Residential Services Outpatient - Services Intervention/Education; Adult Non-Residential Services Outpatient Groups; Adult Non-Residential Services Outpatient - Services Outpatient - Co-Occurring Treatment, Adult Non-Residential Services Outpatient - Individua; Adult Non-Residential Services Outpatient - Co-Occurring Treatment, Adult Outpatient Therapy - Co-Occurring Treatment, Adult Non-Residential Services Outpatient - Feery including Family Sessions-Mental Health; Outpatient Therapy - Co-Occurring Treatment, Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment, Adult Non-Residential Services Outpatient - Co-Occurring Tr | Meier, Monica | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7015 | (402)552-7444 |
| Juvenile Sarvices: Other Services: Stiding Fee Scale; Bilingual Services; Iteler, Munica Heartland Family Service 2101 S 42nd S1 Omaha NB 68105 (402)552-7015 (402)552-744 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluation; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services: (402)552-7015 (402)530-8766 (402)838-724 Mental Health Services: Stiding Fee Scale; Bilingual Services; Concurring (402)590-8766 (402)838-724 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluation; Adult Non-Residential Services Intervention/Education, Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Markatia Services Intervention/Education; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Services: Uprentie Services: Outpatient Trearpy in | | Individual; Adult Non-Residential Services Outpa | tient - Co-Occurring Treatment | t Non-Residential Se | rvices Outpatient - |
| Other Services: Silding Fee Scale; Billingual Services; letier, Monica Heartland Family Service 2101 S 42nd St Omaha NB 68105 (402)552-7013 (402)552-7014 Substance Abuse Services: Adult Non-Residential Services Outpatient - Co-Occurring Treatment Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Treatment, Mental Services Outpatient - Co-Occurring (402)590-8766 | | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| leier, Monica Heartland Family Service 2101 S 42nd St Omaha NB 68105 (402)552-7015 (402)552-7045 Substance Abuse Services Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Outpatient - Groups: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Grou | | | | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Individual; Adult Non-Residential Services; Bertas, Courtney 268 N. 115th Street, Ste 1 Omaha NB 68154 (402)590-8766 (402)838-724 Substance Abuse Services: Adult Non-Residential Services Outpatient - Enaity; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatien | Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Other Services: Sliding Fee Scale; Bilingual Services; Iertes, Courtney 268 N. 115th Street, Ste 1 Omaha NB 68154 (402)590-8766 (402)838-724 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy Including Group Sessions-Mental Health; Outpatient Therapy - Individual-IMental Health Other Services: Iertes, Courtney 268 N. 115th Street, Ste 1 Omaha NB 68154 (402)590-8766 (402)838-724 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Indivi | Meier, Monica | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7015 | (402)552-7444 |
| Juvenile Services: Sliding Fee Scale; Bilingual Services; lertes, Courtney 268 N, 115th Street, Ste 1 Omaha NB 68154 (402)590-8766 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)838-724 (402)590-876 (402)590-876 (402)838-724 (402)590-876 (402)590-876 (402)590-876 (402)590-876 (402)590-876 (402)590-876 (40 | | Individual; Adult Non-Residential Services Outpa | tient - Co-Occurring Treatment | t Non-Residential Se | rvices Outpatient - |
| Other Services: Sliding Fee Scale; Bilingual Services; Iertes, Courtney 268 N, 115th Street, Ste 1 Omaha NB 68154 (402)590-8766 (402)838-724 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient - Teamily, Adult Non-Residential Services Intensive Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Intensive Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Mental Health Services: Outpatient Therapy including Group Sessions-Mental Health; Intensive Outpatient Therapy - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpati | | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Itertes, Courtney 268 N. 115th Street, Ste 1 Omah NB 68154 (402)590-876 (402)838-724 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring; Assessment; Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment; Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health; Intensive Outpatient Therapy - Co-occurring; Sasessment (Medicaid); Assessment Services Substance Abuse Services: (402)590-8766 (402)838-724 Itertes, Courtney 268 N. 115th Street, Ste 1 Omaha NB 68154 (402)590-8766 (402)838-724 Substance Abuse Services: Adult Assesssment Services Substance Abuse Evaluations; Ju | | | | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Outpatient Treaty Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Outpatient Therapy - Oc-occurring; Assessment: Pre-Treat Assessment (Medicaid); Assessment: Nental Health; Intensive Outpatient Therapy - Co-occurring; Assessment: Pre-Treat Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Freat Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual; Adult Non-Residential Services Outpatient - Freat Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Freat Co-Occurring; Adult Non-Residential Services Outpatient - Freat Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Freat Residential Services Outpatient - Freat Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Freat Residen | Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Treatment - Services Intensive Outpatient Treatment - Services Intensive Outpatient Treatment - Services Intensive Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential S | Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Trea Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health Other Services: Iertes, Courtney 268 N. 115th Street, Ste 1 Omaha NB 68154 (402)590-8766 (402)838-724 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Oco-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Trea Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | Mental Health Services: | Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | on-Residential Servic | es Outpatient - Fam |
| Itertes, Courtney 268 N. 115th Street, Ste 1 Omaha NB 68154 (402)590-8766 (402)838-724 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Sessions-Mental Health; Outpatient Therapy - Co-occurring Co-Occurring; Assessment (Medi | Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy | -Co-occurring; Asses | sment: Pre-Treatme |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment Mental Health Services: Outpatient Treatment (bio-psychosocial); Co-Occurring Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | Other Services: | | | | |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient Treatment; Outpatient Treatment Outpatient Treatment (bio-psychosocial); Co-Occurring Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy - Co-occurring; Assessment: Pre-Treat Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Trea Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No | Adult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Trea Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | | |
| Other Services: | Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | py-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy | -Co-occurring; Asses | sment: Pre-Treatme |
| | Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Miller, Stacey | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)413-1420 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental Ho sessment: Pre-Treatment Assessment (Medicaid); Assessment: Ment rring; Non-Treatment: Anger Management Class; Non-Treatment: Ge | al Status Exam (MS | E); Assessment: |
| Other Services: | | | | |
| Miller, Stacey | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)413-1420 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R io-Occurring Treatment | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental He sessment: Pre-Treatment Assessment (Medicaid); Assessment: Ment rring; Non-Treatment: Anger Management Class; Non-Treatment: Ge | al Status Exam (MS | E); Assessment: |
| Other Services: | | | | |
| Montgomery Lewis, Monica | Lewis Counseling Services | 3825 Ames Ave Omaha NB 68111 | (515)520-5609 | (402)939-0755 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Mental Health; Non-Treatment: Day Reporting; Non-Treatment: Exual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Montgomery Lewis, Monica | Lewis Counseling Services | 3825 Ames Ave Omaha NB 68111 | (515)520-5609 | (402)939-0755 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Assessment (Medicaid); Assessment: Mental Sta Management Class; Outpatient Therapy - Individ | ental Health; Outpatient Therapy including Family Sessions-Mental He itus Exam (MSE); Non-Treatment: Day Reporting; Non-Treatment: Ev ual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Morell, Elizabeth | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr sment: Psychological Evaluation; Outpatient Therapy - Individual-Mer | | t (Medicaid); |
| Other Services: | | | | |
| Morell, Elizabeth | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr sment: Psychological Evaluation; Outpatient Therapy - Individual-Mer | | t (Medicaid); |
| Other Services: | | | | |
| Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Co-Occurring | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subsi o Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat idential Services Ou | ions; Juvenile Non- tpatient - Co-Occurrin |
| Juvenile Services: Other Services: | Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | curring; Outpatient I | herapy - Individual- |
| Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subsi e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | curring; Outpatient T | herapy - Individual- |
| Other Services: | | | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment tient - Family; Juvenil |

| Name | Agency | Address | Phone | Fax |
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| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Eating Disorder; Non-Treatr | (bio-psychosocial); Co-Occurring nent: Intensive Family Preservation; Outpatient Therapy - Individua | al-Mental Health | |
| Morton, Crystal | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)680-6429 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential S vices Substance Abuse Non-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental patient: Intensive Outpatient Therapy-Co-occurring; Assessment: P | | |
| Other Services: | Assessment. Co-Occurring, Outpatient merapy - | | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | urring Treatment; Juven dential Services Outpati | ile Assessment ent - Family; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Eating Disorder; Non-Treatr | nent: Intensive Family Preservation; Outpatient Therapy - Individua | al-Mental Health | |
| Other Services: | | | | |
| Morton, Crystal | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)680-6429 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential S vices Substance Abuse Non-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy-Mental Health; Intensive Outp Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental patient: Intensive Outpatient Therapy-Co-occurring; Assessment: P Individual-Mental Health | Health; Intensive Outpa re-Treatment Assessme | tient: Intensive ent (Medicaid); |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|--|---|--|------------------------|-------------------|
| Morton, Jamal | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5446 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Residential Services Short Term Residential | valuations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ lesidential Services Dual Residential (MH/SA); Adult Residential Se | urring Treatment; Adul | Non-Residential |
| | Outpatient Therapy; Co-Occurring | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Morton, Jamal | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5446 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Residential Services Short Term Residential | raluations; Adult Non-Residential Services Outpatient - Groups; Ad ht - Individual; Adult Non-Residential Services Outpatient - Co-Occ residential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential Services (MH/SA); Adult Residential (MH/SA); Adult Residential Services (MH/SA); Adult Resid | urring Treatment; Adul | Non-Residential |
| | Outpatient Therapy; Co-Occurring | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Muhlbauer, Cynthia | Results Counseling LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)537-9628 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Muhlbauer, Cynthia | Results Counseling LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)537-9628 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Needelman, Joshua | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); | Assessment: Mental S | itatus Exam (MSE) |
| | Assessment: Psychological Evaluation; Outpatier | | | . , |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Needelman, Joshua | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | • | | (| () |
| | Outpatient Therapy; Pre-Treatment Assessment | (hio-psychosocial): Psychological Evaluation | | |
| | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | ssessment: Mental S | tatus Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental Hents Intensive Family Preservation; Outpatient Therapy - Individual-Me | | atient: Intensive |
| Other Services: | | | | |
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H nt: Intensive Family Preservation; Outpatient Therapy - Individual-Me | | atient: Intensive |
| Other Services: | | | | |
| Nelson, William | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Residential | aluations; Adult Residential Services Dual Residential (MH/SA); Adul | t Residential Service | es Short Term |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Nelson, William | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Residential | aluations; Adult Residential Services Dual Residential (MH/SA); Adul | t Residential Service | es Short Term |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Neve, Sheri | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)706-9862 | |
| | | | | |
| Neve, Sheri | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)706-9862 | |
| | | | | |

| Name | Agency | Address | Phone | Fax |
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| Newby, Emily | Douglas County Community Mental Health Center | 1709 Jackson Street Omaha NB 68102 | (402)444-7931 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Ad | dult Non-Residential S | Services Outpatient - |
| Mental Health Services: | Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial): Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Newby, Emily | Douglas County Community Mental Health Center | 1709 Jackson Street Omaha NB 68102 | (402)444-7931 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Co-Occurring Treatment | aluations; Adult Non-Residential Services Outpatient - Individual; Ad | dult Non-Residential S | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Youth Who Sexually | Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; | Psychological Evaluat | tion |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycho | logical Evaluation; As | coccmont: luvonilo |
| | | | | Sessifient. Juvenile |
| Other Services: | Who Sexually Harm Risk Assessment | | | Sessment. Juvenile |
| Other Services: | | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Other Services: | Who Sexually Harm Risk Assessment | | (402)557-6027 | |
| Other Services: Newring, Kirk Substance Abuse Services: | Who Sexually Harm Risk Assessment | | | (402)557-6027 |
| Other Services: Newring, Kirk Substance Abuse Services: Mental Health Services: | Who Sexually Harm Risk Assessment Forensic Behavioral Health Outpatient Therapy; Juvenile Youth Who Sexually Assessment: Pre-Treatment Assessment (Medica | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | Psychological Evalua | (402)557-6027 |
| Other Services: Newring, Kirk Substance Abuse Services: Mental Health Services: | Who Sexually Harm Risk Assessment Forensic Behavioral Health Outpatient Therapy; Juvenile Youth Who Sexually | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 / Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; | Psychological Evalua | (402)557-6027 |
| Other Services: Newring, Kirk Substance Abuse Services: Mental Health Services: Juvenile Services: | Who Sexually Harm Risk Assessment Forensic Behavioral Health Outpatient Therapy; Juvenile Youth Who Sexually Assessment: Pre-Treatment Assessment (Medica | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 / Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; | Psychological Evalua | (402)557-6027 |
| Other Services: Newring, Kirk Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Osborn, Katlynn | Who Sexually Harm Risk Assessment Forensic Behavioral Health Outpatient Therapy; Juvenile Youth Who Sexually Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment Capstone Behavioral Health Adult Assessment Services Substance Abuse Eva Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 / Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; aid); Assessment: Mental Status Exam (MSE); Assessment: Psycho | Psychological Evaluation; As logical Evaluation; As (402)366-3472 dult Non-Residential S rring Treatment; Juve sidential Services Out | (402)557-6027 tion sessment: Juvenile Services Outpatient - nile Assessment |
| Other Services: Newring, Kirk Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Osborn, Katlynn Substance Abuse Services: | Who Sexually Harm Risk Assessment Forensic Behavioral Health Outpatient Therapy; Juvenile Youth Who Sexually Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment Capstone Behavioral Health Adult Assessment Services Substance Abuse Eva Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 / Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; aid); Assessment: Mental Status Exam (MSE); Assessment: Psycho 1941 S 42nd Street, Ste. 328 Omaha NB 68105 aluations; Adult Non-Residential Services Intervention/Education; A t - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occur | Psychological Evaluation; As logical Evaluation; As (402)366-3472 dult Non-Residential S rring Treatment; Juve sidential Services Out | (402)557-6027 tion sessment: Juvenile Services Outpatient - nile Assessment |
| Other Services: Newring, Kirk Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Osborn, Katlynn Substance Abuse Services: Mental Health Services: | Who Sexually Harm Risk Assessment Forensic Behavioral Health Outpatient Therapy; Juvenile Youth Who Sexually Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment Capstone Behavioral Health Adult Assessment Services Substance Abuse Eva Family; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Pre-Treatment Assessment (| 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 / Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; aid); Assessment: Mental Status Exam (MSE); Assessment: Psycho 1941 S 42nd Street, Ste. 328 Omaha NB 68105 aluations; Adult Non-Residential Services Intervention/Education; A t - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occur | Psychological Evaluation; As logical Evaluation; As (402)366-3472 dult Non-Residential S rring Treatment; Juve sidential Services Out ng Treatment | (402)557-6027 tion sessment: Juvenile Services Outpatient - nile Assessment patient - Family; |

| Name | Agency | Address | Phone | Fax |
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| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Ou | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | ssessment: Mental S | itatus Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Adults who Sexually Harm Ev | aluation; Psychologi | cal Evaluation |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Adults who Sexually Harm Ev | aluation; Psychologi | cal Evaluation |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Perez, Kari | Kari R Perez, PhD, PC | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A ion | ssessment (bio-psy | chosocial); Adults who |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Assess SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | | |
| Other Services: | | | | |
| Perez, Kari | Kari R Perez, PhD, PC | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A ion | ssessment (bio-psy | chosocial); Adults who |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Assess SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | | nt Assessment |

| Name | Agency | Address | Phone | Fax |
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| | Risk Assessment; Outpatient Therapy - Individua | I-Mental Health | - | - |
| Other Services: | | | | |
| Pope, Michelle | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)669-6204 | (402)939-0666 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | ing Treatment; Juve dential Services Out | nile Assessment patient - Groups; |
| Mental Health Services: | 5 | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Non-Treatment: Family Support Worker ntal Health | | |
| Other Services: | | | | |
| Pope, Michelle | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)669-6204 | (402)939-0666 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | ing Treatment; Juve dential Services Out | nile Assessment patient - Groups; |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Theraj Mental Status Exam (MSE); Non-Treatment: Family Support Worker ntal Health | | |
| Other Services: | | | | |
| Potter, Elizabeth | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-7911 | (402)498-7916 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations; Juvenile Non-Residential Services Intervention/Educati | on | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H tus Exam (MSE); Outpatient Therapy - Individual-Mental Health | ealth; Assessment: I | Pre-Treatment |

| Name | Agency | Address | Phone | Fax |
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| Potter, Elizabeth | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-7911 | (402)498-7916 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations; Juvenile Non-Residential Services Intervention/Education | ion | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental H itus Exam (MSE); Outpatient Therapy - Individual-Mental Health | lealth; Assessment: F | Pre-Treatment |
| Other Services: | | | | |
| Powell, Michelle | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpatie | | dult Non-Residential | Services Outpatient |
| | Assessment: Pre-Treatment Assessment (Medica | | | |
| | Sliding Fee Scale; | aid), Assessment. Co-Occurring | | |
| Other Services. | Sliding Fee Scale, | | | |
| Powell, Michelle | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| | Adult Assessment Convises Cubatanas Abuse Ev | aluations; Adult Non-Residential Services Intervention/Education; Ac | Jult Non-Residential | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential | dult Non-Residential | Services Outpatient |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential (bio-psychosocial); Co-Occurring | dult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Outpatient Therapy; Pre-Treatment Assessment Assessment: Pre-Treatment Assessment (Medica | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential (bio-psychosocial); Co-Occurring | dult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential (bio-psychosocial); Co-Occurring | dult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: Other Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Outpatient Therapy; Pre-Treatment Assessment Assessment: Pre-Treatment Assessment (Medica | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential (bio-psychosocial); Co-Occurring aid); Assessment: Co-Occurring | dult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Pulido, Ruben | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Outpatient Therapy; Pre-Treatment Assessment Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Veterans Affairs Medical Center (Veterans Only) Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential (bio-psychosocial); Co-Occurring aid); Assessment: Co-Occurring | dult Non-Residential Dual Residential (MH (402)995-4518 t Non-Residential Set ring Treatment; Adult | Services Outpatient /SA); Adult rvices Outpatient - Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: Pulido, Ruben Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Outpatient Therapy; Pre-Treatment Assessment Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Veterans Affairs Medical Center (Veterans Only) Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential (bio-psychosocial); Co-Occurring aid); Assessment: Co-Occurring 4101 Woolworth Drive Omaha NB 68105 raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential Dual Residential (MH (402)995-4518 Non-Residential Ser ring Treatment; Adult vices Short Term Res | Services Outpatient /SA); Adult rvices Outpatient - Non-Residential |

| Name | Agency | Address | Phone | Fax |
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| Pulido, Ruben | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4518 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ esidential Services Dual Residential (MH/SA); Adult Residential S | urring Treatment; Adul | t Non-Residential |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | ent Assessment (bio-psychosocial); Co-Occurring; Psychological E | valuation | |
| Other Services: | Bilingual Services; | | | |
| Raasch, Debra | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me | (bio-psychosocial) ental Health; Non-Treatment: Intensive Family Preservation; Outpa | atient Therapy - Individ | ual-Mental Health |
| Other Services: | Sliding Fee Scale; | | | |
| Raasch, Debra | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Non-Treatment: Intensive Family Preservation; Outpa | atient Therapy - Individ | ual-Mental Health |
| Other Services: | Sliding Fee Scale; | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| Mental Health Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment of | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educ al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicaid); | - Family; Adult Non-Re I Services Intensive Ou ation; Juvenile Non-Re s Outpatient - Family; J nt; Juvenile Non-Reside | esidential Services tpatient Treatment esidential Services uvenile Non- ential Services |

| Name | Agency | Address | Phone | Fax |
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| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpati rvices Outpatient - Co-Occurring Treatment; Adult Non-Resider Evaluations; Juvenile Non-Residential Services Intervention/Ed al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatr | ent - Family; Adult Non-Re tital Services Intensive Out ducation; Juvenile Non-Re ices Outpatient - Family; Ju | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Health | ental Health; Assessment: Pre-Treatment Assessment (Medica | id); Outpatient Therapy - Ir | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Rice, Joan | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individ | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Rice, Joan | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education int - Family; Adult Non-Residential Services Outpatient - Individ | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Riley, LaTaunya | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-3039 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individ vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Intensive Outpatient Treatment | ual; Juvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | · | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me sessment: Co-Occurring; Outpatient Therapy - Individual-Menta | | erapy - Eating |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax | |
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| Riley, LaTaunya | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-3039 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Outpatient - Groups; Juvenile Non-Residential Services Outpati sidential Services Intensive Outpatient Treatment | venile Assessment | Services Substance | |
| Mental Health Services: | tpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| | Disorder; Outpatient Therapy - Co-occurring; Ass | Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Robbins, Virgen | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)721-1774 | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Aduint - Co-Occurring Treatment; Adult Non-Residential Services Inters | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Robbins, Virgen | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)721-1774 | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu ient - Co-Occurring Treatment; Adult Non-Residential Services Inters | | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Robinson, Natasha | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-3008 | (402)498-3375 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Groups; vices Outpatient - Individual; Juvenile Non-Residential Services Outp | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: ent (Medicaid); Assessment: Mental Status Exam (MSE); Outpatient 1 | | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | | |

| Name | Agency | Address | Phone | Fax | | |
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| Robinson, Natasha | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-3008 | (402)498-3375 | | |
| Substance Abuse Services: | | enile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services oatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | utpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Co- courring | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | utpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co- ccurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | | | |
| Rogers, Randall | Agape Counseling Services/Tubman Center Counseling | 3223 N 45th St Omaha NB 68104 | (531)777-1451 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential rices Intervention/Ed | Services Outpatient - lucation; Juvenile | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Out-Of-Home: Independent Living; Non-Treatment: Anger Manag | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Rogers, Randall | Agape Counseling Services/Tubman Center Counseling | 3223 N 45th St Omaha NB 68104 | (531)777-1451 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv venile Non-Residential Services Outpatient - Family; Juvenile Non-Ro o-Occurring Treatment | dult Non-Residential rices Intervention/Ed | Services Outpatient - lucation; Juvenile | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | | | |
| | Assessment: Pre-Treatment Assessment (Medica Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Out-Of-Home: Independent Living; Non-Treatment: Anger Manag | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |

| Name | Agency | Address | Phone | Fax |
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| | | | | |
| Root, Perry | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)215-7327 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Root, Perry | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)215-7327 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ross, Fred | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7069 | (402)552-7497 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Ross, Fred | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7069 | (402)552-7497 |
| | | | | |
| Substance Abuse Services: | | | | |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy | | | |
| Mental Health Services: | Outpatient Therapy Non-Treatment: General Education Class | | | |
| Mental Health Services: Juvenile Services: | | | | |
| Mental Health Services: Juvenile Services: | Non-Treatment: General Education Class | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Mental Health Services: Juvenile Services: Other Services: Rynearson, Claire | Non-Treatment: General Education Class Sliding Fee Scale; NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 valuations; Adult Residential Services Therapeutic Community; | () | () |
| Mental Health Services: Juvenile Services: Other Services: Rynearson, Claire Substance Abuse Services: | Non-Treatment: General Education Class Sliding Fee Scale; NOVA TC Adult Assessment Services Substance Abuse Ex | valuations; Adult Residential Services Therapeutic Community; | () | () |
| Mental Health Services: Juvenile Services: Other Services: Rynearson, Claire Substance Abuse Services: Mental Health Services: | Non-Treatment: General Education Class Sliding Fee Scale; NOVA TC Adult Assessment Services Substance Abuse Evaluations Pre-Treatment Assessment (bio-psychosocial); C | valuations; Adult Residential Services Therapeutic Community; | Juvenile Assessment Serv | () |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | | aluations; Adult Residential Services Therapeutic Community; Juve | enile Assessment Serv | vices Substance Abus |
| Mental Health Services: | Evaluations Pre-Treatment Assessment (bio-psychosocial): C | co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-O | ccurring | |
| Other Services: | Sliding Fee Scale; | | | |
| Salvatore, Christine | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser Juvenile Non-Residential Services Outpatient - Groups; Juvenile I dividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential vices Substance Abus Non-Residential Service | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Intensive Outpatient: Intensive Outpatient Therap | by-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Salvatore, Christine | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser Juvenile Non-Residential Services Outpatient - Groups; Juvenile I dividual; Juvenile Non-Residential Services Outpatient - Co-Occur (bio-psychosocial); Co-Occurring | Adult Non-Residential vices Substance Abus Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | by-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| | | aluations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurbio-psychosocial); Co-Occurring | | rvices Outpatient - |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co- | Occurring; Outpatient 7 | Therapy - Individual- |
| | Sliding Fee Scale; Bilingual Services; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Outpatient - Group ent - Individual; Adult Non-Residential Services Outpatient - Co | | ces Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessmen | | | |
| | Mental Health | Aental Health; Outpatient Therapy - Co-occurring; Assessmen | t: Co-Occurring; Outpatient Th | erapy - Individual- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Saunders, Abby | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| Substance Abuse Services. | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; | Evaluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Indiv Services Substance Abuse Evaluations; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Family; Juvenil Co-Occurring Treatment; Juvenile Non-Residential Services Ir | vidual; Adult Non-Residential S ntial Services Intervention/Edu e Non-Residential Services Ou | ervices Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Thera | Nental Health; Outpatient Therapy including Family Sessions-N apy-Mental Health; Intensive Outpatient: Intensive Outpatient T rring; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | ning, Oulpatient Therapy - Individual-Mental Theatth | | |
| Saunders, Abby | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; | valuations; Adult Non-Residential Services Intervention/Educa ient - Family; Adult Non-Residential Services Outpatient - Indiv Services Substance Abuse Evaluations; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Family; Juvenil Co-Occurring Treatment; Juvenile Non-Residential Services Ir | vidual; Adult Non-Residential S ntial Services Intervention/Edu e Non-Residential Services Ou | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Thera | Nental Health; Outpatient Therapy including Family Sessions-Napy-Mental Health; Intensive Outpatient: Intensive Outpatient Tring; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
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Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schnieder, Brian | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)850-0054 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Educat es Outpatient - Groups; Adult Non-Residential Services Outpat rvices Outpatient - Co-Occurring Treatment; Adult Non-Reside e Evaluations; Juvenile Non-Residential Services Intervention/f al Services Outpatient - Groups; Juvenile Non-Residential Ser enile Non-Residential Services Outpatient - Co-Occurring Trea | ttient - Family; Adult Non-Resi ential Services Intensive Outpa Education; Juvenile Non-Resi vices Outpatient - Family; Juv | dential Services atient Treatment; lential Services enile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring; Outpatien | nt Therapy - Individual-Mental | Health |
| Other Services: | | | | |
| Schnieder, Brian | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)850-0054 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse | raluations; Adult Non-Residential Services Intervention/Educates Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Resider Evaluations; Juvenile Non-Residential Services Intervention/ | tient - Family; Adult Non-Resi ential Services Intensive Outpa Education; Juvenile Non-Resid | dential Services |
| Mental Health Services: | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | al Services Outpatient - Groups; Juvenile Non-Residential Ser enile Non-Residential Services Outpatient - Co-Occurring Trea | | lential Services enile Non- |
| | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | enile Non-Residential Services Outpatient - Co-Occurring Trea | tment; Juvenile Non-Resident | lential Services enile Non- ial Services |
| | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Co-occurring; Intensive Out | enile Non-Residential Services Outpatient - Co-Occurring Trea | tment; Juvenile Non-Resident | lential Services enile Non- ial Services |
| Juvenile Services: | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Co-occurring; Intensive Out | enile Non-Residential Services Outpatient - Co-Occurring Trea | tment; Juvenile Non-Resident | lential Services enile Non- ial Services |

| Name | Agency | Address | Phone | Fax |
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| Schutte-Lundy, Laura | UNMC Physicians Corporation | 4239 Farnam St #710 Omaha NB 68131 | (402)552-6152 | |
| Substance Abuse Services: | Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outpati esidential Services Outpatient - Co-Occurring Treatment | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out Individual-Mental Health | patient: Intensive Outpatient Therapy-Co-occurring; Assessment: Co- | Occurring; Outpatient | Therapy - |
| Other Services: | | | | |
| Sheffield, Carol | Carol Sheffield Counseling Services, LLC | 919 Galvin Rd S, Suite A Bellevue NB 68005 | (402)276-2064 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; Adult N tient - Co-Occurring Treatment; Juvenile Assessment Services Substa e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi ensive Outpatient Treatment | ance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio-pe | sychosocial); Co- |
| Juvenile Services: | | y-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); | Outpatient Therapy - | Individual-Mental |
| Other Services: | | | | |
| Sheffield, Carol | Carol Sheffield Counseling Services, LLC | 919 Galvin Rd S, Suite A Bellevue NB 68005 | (402)276-2064 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; Adult N tient - Co-Occurring Treatment; Juvenile Assessment Services Substa e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi ensive Outpatient Treatment | ance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio-pe | sychosocial); Co- |
| Juvenile Services: | | y-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); | Outpatient Therapy - | Individual-Mental |
| Other Services: | | | | |
| Shefter, Elizabeth | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-5974 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Adult Residential Servi | ng Treatment; Adult N | on-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Shefter, Elizabeth | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-5974 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu esidential Services Dual Residential (MH/SA); Adult Residential Se | Irring Treatment; Adult | Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: | | (bio-psychosocial); Co-Occurring | | |
| Siemer, Kris | Siemer Counseling & Assessments LLC | 12020 Shamrock Plaza #200 Omaha NB 68154 | (402)500-0555 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Re idividual; Juvenile Non-Residential Services Outpatient - Co-Occur | rring Treatment; Juven sidential Services Outp | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatr | ment Assessment (bio- | osychosocial); Co- |
| | Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-1 Individual-Mental Health | Treatment Assessment | (Medicaid); |
| Other Services: | | | | |
| Siemer, Kris | Siemer Counseling & Assessments LLC | 12020 Shamrock Plaza #200 Omaha NB 68154 | (402)500-0555 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Re idividual; Juvenile Non-Residential Services Outpatient - Co-Occur | rring Treatment; Juven sidential Services Outp | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatr | ment Assessment (bio- | osychosocial); Co- |
| Juvenile Services: | 5 | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-] Individual-Mental Health | Treatment Assessment | (Medicaid); |
| Other Services: | | | | |
| Simmerman, Riannon | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)965-4232 |
| | | aluations; Adult Non-Residential Services Intensive Outpatient Trea | atment | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Simmerman, Riannon | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)965-4232 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intensive Outpa | tient Treatment | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Smeal, Jessica | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)444-7931 | |
| | Individual; Adult Non-Residential Services Outpa | | ucation; Adult Non-Residential | Services Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abus | e Evaluations | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Co-Occurring; Outpatient Therapy - | Individual-Mental Health | | |
| Other Services: | | | | |
| Smeal, Jessica | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)444-7931 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Intervention/Edution - Co-Occurring Treatment | ucation; Adult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abus | e Evaluations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Assessment: Co-Occurring; Outpatient Therapy - | Individual-Mental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|--|--|--|--|--|
| Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment So | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential o-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | utpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Co- | | | | |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Co-occurring; Assessment: Pre-Treatme Health | ental Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens ent Assessment (Medicaid); Non-Treatment: Anger Management Clas | ive Outpatient: Inten | sive Outpatient | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | | |
| Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 | | |
| | Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment ental Health; Outpatient Therapy including Family Sessions-Mental He | vices Intervention/Ed esidential Services (ent Assessment (bio- | ucation; Juvenile Dutpatient - Individual psychosocial); Co- | | |
| | Therapy-Co-occurring; Assessment: Pre-Treatme Health | nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens Int Assessment (Medicaid); Non-Treatment: Anger Management Clas | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | | |
| Sparks, Albert | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | | | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Sliding Fee Scale; | /bio-psychosocial) ental Health; Outpatient Therapy - Individual-Mental Health | | | | |
| Sparks, Albert | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | | | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Sliding Fee Scale; | (bio-psychosocial) ental Health; Outpatient Therapy - Individual-Mental Health | | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|---|
| Spring, Carly | Counseling Connections & Associates, LLC | 11414 W Center Rd Ste 300 Omaha NB 68144 | (402)552-7004 | (402)553-1333 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua | a; Adult Non-Residential al; Adult Non-Residential | Services Outpatient - Services Outpatient |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Spring, Carly | Counseling Connections & Associates, LLC | 11414 W Center Rd Ste 300 Omaha NB 68144 | (402)552-7004 | (402)553-1333 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stanek, Sean | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7013 | |
| | Adult Assessment Services Substance Abuse Ev | aluations | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Stanek, Sean | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7013 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile adividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abus e Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Ment | al Health; Outpatient The | erapy - |

| Name | Agency | Address | Phone | Fax |
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| | - | sment (Medicaid); Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Sen Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential vices Substance Abuse Non-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient The | rapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stein, Daniela | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)978-5604 | |
| | | | | |
| Juvenile Services: | | 3 | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stein, Daniela | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)978-5604 | |
| | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Aleah | Heartland Family Service | 1941 S 42nd St Suite 375 Omaha NB 68105 | (402)457-7767 | (402)455-1064 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|-------------------------|-----------------|
| Stennis, Aleah | Heartland Family Service | 1941 S 42nd St Suite 375 Omaha NB 68105 | (402)457-7767 | (402)455-1064 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | |
| Stessman, Gary | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7474 | (402)552-7444 |
| Mental Health Services: | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment | valuations; Adult Non-Residential Services Outpatient - Family; Adult ance Abuse Evaluations; Juvenile Non-Residential Services Outpatier (bio-psychosocial); Co-Occurring ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | nt - Family; Juvenile I | Non-Residential |
| Stessman, Gary | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7474 | (402)552-7444 |
| Mental Health Services: | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment | valuations; Adult Non-Residential Services Outpatient - Family; Adult ance Abuse Evaluations; Juvenile Non-Residential Services Outpatier (bio-psychosocial); Co-Occurring ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | nt - Family; Juvenile I | Non-Residential |
| Stevenson, Sandy | Define U LLC | 2208 Lucille Dr Bellevue NB 68147 | (402)715-0296 | |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Individual; Juve Outpatient Therapy; Co-Occurring | valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Non-Residential Services O enile Non-Residential Services Outpatient - Co-Occurring Treatment ental Health; Outpatient Therapy - Co-occurring; Non-Treatment: Ang | utpatient - Family; Ju | venile Non- |
| Stevenson, Sandy | Define U LLC | 2208 Lucille Dr Bellevue NB 68147 | (402)715-0296 | |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Individual; Juve Outpatient Therapy; Co-Occurring | valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Non-Residential Services O enile Non-Residential Services Outpatient - Co-Occurring Treatment ental Health; Outpatient Therapy - Co-occurring; Non-Treatment: Ang | utpatient - Family; Ju | venile Non- |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - G | | ces Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | ent - Individual; Adult Non-Residential Services Outpatien t (bio-psychosocial); Co-Occurring | t - Co-Occurring Treatment | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations; Adult Non-Residential Services Outpatient - Gent - Individual; Adult Non-Residential Services Outpatien | Broups; Adult Non-Residential Servi | ces Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | t - Co-Occurring Treatment | |
| Juvenile Services: | 1 137 | | | |
| Other Services: | | | | |
| Γalbert, Erin | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7064 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations; Adult Non-Residential Services Outpatient - G | Groups | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Γalbert, Erin | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7064 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations; Adult Non-Residential Services Outpatient - G | Groups | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| lamayo, Kelly | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 (| (402)590-2030 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Family; Ju Occurring Treatment | valuations; Adult Non-Residential Services Intervention/E ent - Family; Adult Non-Residential Services Outpatient - Services Substance Abuse Evaluations; Juvenile Non-Re uvenile Non-Residential Services Outpatient - Individual; | Individual; Adult Non-Residential S sidential Services Intervention/Educ Juvenile Non-Residential Services (| ervices Outpatien cation; Juvenile |
| | | t (bio-psychosocial); Co-Occurring; Psychological Evaluat | | |
| Juvenile Services: | | Nental Health; Outpatient Therapy - Eating Disorder; Outp :: Outpatient Psychiatric Evaluation; Assessment: Mental | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Tamayo, Kelly | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se Non-Residential Services Outpatient - Family; Juv Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv venile Non-Residential Services Outpatient - Individual; Juvenile Non- | dult Non-Residential | Services Outpatient |
| | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | _ |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam al Health | | |
| Other Services: | | | | |
| Taylor, Thyris | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4530 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Adult Residential Servi | ng Treatment; Adult | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | ent Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Taylor, Thyris | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4530 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Adult Residential Servi | ng Treatment; Adult | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | ent Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| | | | | |
| Thompson, Jacquelyn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| | Adult Assessment Services Substance Abuse Eva Individual; Adult Non-Residential Services Outpat | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 aluations; Adult Non-Residential Services Outpatient - Family; Adult N tient - Co-Occurring Treatment; Juvenile Assessment Services Substa e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | Non-Residential Ser | vices Outpatient - ions; Juvenile Non- |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment | aluations; Adult Non-Residential Services Outpatient - Family; Adult Ntient - Co-Occurring Treatment; Juvenile Assessment Services Substa | Non-Residential Ser ance Abuse Evaluat dential Services Ou | vices Outpatient - ions; Juvenile Non- |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Thompson, Jacquelyn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | valuations; Adult Non-Residential Services Outpatient - Family; Autient - Co-Occurring Treatment; Juvenile Assessment Services S e Non-Residential Services Outpatient - Individual; Juvenile Non- | ubstance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pr sment: Co-Occurring; Outpatient Therapy - Individual-Mental Hea | | (Medicaid); |
| Other Services: | | | | |
| licknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Outpatient - Groups; Juvenile Non-Re Juvenile Non-Residential Services Outpatient - Co-Occurring Tre | curring Treatment; Juver sidential Services Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Ment sessment: Pre-Treatment Assessment (Medicaid); Assessment: N al Health | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Ficknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc 9 Non-Residential Services Outpatient - Groups; Juvenile Non-Re | curring Treatment; Juver sidential Services Outpat | nile Assessment |
| | Non-Residential Services Outpatient - Individual; | Juvenile Non-Residential Services Outpatient - Co-Occurring Tre | eatment | |
| Mental Health Services: | Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment | · · · | eatment | |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Ment sessment: Pre-Treatment Assessment (Medicaid); Assessment: N | al Health; Outpatient The | |

| Name | Agency | Address | Phone | Fax |
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| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Juatient - Individual; Juvenile Non-Residential Services Outpatient - C ent | Adult Non-Residential S Dual Residential (MH/S Services Substance Ab uvenile Non-Residential | ervices Outpatient A); Adult puse Evaluations; Services Outpatien |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - C ent | Dual Residential (MH/S Services Substance Ab uvenile Non-Residential | A); Adult buse Evaluations; Services Outpatier |
| | | | (400)000 0540 | |
| Troia, Trisha | | 1406 Veterans Drive Elkhorn NB 68022 | (402)290-0543 | |
| | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment | | ivenile Assessment Ser | vices Substance |
| | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental F | lealth; Outpatient Thera | apy - Co-occurring; |
| Other Services: | | | | |
| Troia, Trisha | | 1406 Veterans Drive Elkhorn NB 68022 | (402)290-0543 | |
| | Abuse Evaluations; Juvenile Non-Residential Ser | • | venile Assessment Ser | vices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental F | lealth; Outpatient Thera | apy - Co-occurring; |
| Other Services: | espaced merupy manual mental mediti | | | |

| Name | Agency | Address | Phone | Fax |
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| Troxell, Jean | Douglas County Community Mental Health Center | | (402)599-2657 | (402)599-2562 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ient - Co-Occurring Treatment; Adult Non-Residential Services Inter | | |
| Mental Health Services: Juvenile Services: Other Services: | | o-Occurring | | |
| Troxell, Jean | Douglas County Community Mental Health Center | 1709 Jackson Street Omaha NB 68102 | (402)599-2657 | (402)599-2562 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ient - Co-Occurring Treatment; Adult Non-Residential Services Inter | | |
| | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Mental Health Services: Juvenile Services: | | o-Occurring | | |
| | | o-Occurring | | |
| Juvenile Services: Other Services: | | o-Occurring 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 | (402)885-7932 | (402)281-0665 |
| Juvenile Services: Other Services: Tvrdik, Gregory | Adult Assessment Services Substance Abuse Ev | - | Non-Residential Serv | vices Outpatient - |
| Juvenile Services: Other Services: Tvrdik, Gregory Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 aluations; Adult Non-Residential Services Outpatient - Family; Adult | Non-Residential Servisive Outpatient Trea | vices Outpatient - |
| Juvenile Services: Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inter | Non-Residential Servisive Outpatient Trea | vices Outpatient - |
| Juvenile Services: Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inter agement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr | Non-Residential Servisive Outpatient Trea | vices Outpatient - |
| Juvenile Services: Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Co-occurring; Non-Treatment | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inter agement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr | Non-Residential Ser Isive Outpatient Trea ing I Health | vices Outpatient - |
| Juvenile Services: Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Tvrdik, Gregory | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Co-occurring; Non-Treatmen Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inter agement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr nt: Anger Management Class; Outpatient Therapy - Individual-Menta | Non-Residential Serrisive Outpatient Trea ing I Health (402)885-7932 Non-Residential Serri | vices Outpatient - tment (402)281-0665 vices Outpatient - |
| Juvenile Services: Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Tvrdik, Gregory Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Co-occurring; Non-Treatmen Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inter agement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr nt: Anger Management Class; Outpatient Therapy - Individual-Menta 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 aluations; Adult Non-Residential Services Outpatient - Family; Adult | Non-Residential Ser isive Outpatient Trea ing I Health (402)885-7932 Non-Residential Ser isive Outpatient Trea | vices Outpatient - tment (402)281-0665 vices Outpatient - |
| Juvenile Services: Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Co-occurring; Non-Treatmen Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inter agement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr nt: Anger Management Class; Outpatient Therapy - Individual-Menta 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inter | Non-Residential Ser isive Outpatient Trea ing I Health (402)885-7932 Non-Residential Ser isive Outpatient Trea | vices Outpatient - tment (402)281-0665 vices Outpatient - |

| Name | Agency | Address | Phone | Fax |
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| VanNortwick, Peggy | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)444-7609 | (402)996-8171 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment; Adult Non-Residential Services Inter | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| VanNortwick, Peggy | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)444-7609 | (402)996-8171 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment; Adult Non-Residential Services Inter | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| VanTrimmell, Joseph | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)212-3836 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual: Adult Non-Residential Services Outpar | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment | t Non-Residential Se | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| VanTrimmell, Joseph | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)212-3836 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar | aluations; Adult Non-Residential Services Outpatient - Groups; Adul | t Non-Residential Se | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi Juvenile Non-Residential Services Outpatient - Groups; Juvenile N idividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| | Health; Intensive Outpatient: Intensive Outpatient (MSE); Assessment: Co-Occurring; Outpatient Th | ental Health; Outpatient Therapy - Co-occurring; Intensive Outp Therapy-Co-occurring; Assessment: Pre-Treatment Assessme herapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Educatic nt - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment & Juvenile Non-Residential Services Outpatient - Groups; Juven dividual; Juvenile Non-Residential Services Outpatient - Co-Oc (bio-psychosocial): Co-Occurring | ual; Adult Non-Residential Services Substance Abuse ile Non-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health; Intensive Outpatient: Intensive Outpatient (MSE); Assessment: Co-Occurring; Outpatient Th | ental Health; Outpatient Therapy - Co-occurring; Intensive Outp Therapy-Co-occurring; Assessment: Pre-Treatment Assessme | patient: Intensive Outpatier ent (Medicaid); Assessmer | nt Therapy-Mental nt: Mental Status Exar |
| Other Services. | Sliding Fee Scale; Bilingual Services; | | | |
| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education t - Individual; Adult Non-Residential Services Outpatient - Co-Co Non-Residential Services Intervention/Education; Juvenile Nor idividual; Juvenile Non-Residential Services Outpatient - Co-Oc | Dccurring Treatment; Juve n-Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education t - Individual; Adult Non-Residential Services Outpatient - Co-C Non-Residential Services Intervention/Education; Juvenile Nor idividual; Juvenile Non-Residential Services Outpatient - Co-Oc | Dccurring Treatment; Juve n-Residential Services Out | nile Assessment |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Voss, Stephanie R | | 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 | (402)650-5250 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Co-Occurring idential Services Outpatient - Co-Occurring Treatment | Treatment; Juvenile | Assessment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Outpatient Th | erapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Voss, Stephanie R | | 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 | (402)650-5250 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Co-Occurring idential Services Outpatient - Co-Occurring Treatment | Treatment; Juvenile | Assessment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Outpatient Th | erapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Walker, Jeffery | Buoyant Family Services Counseling and Consulting LLC | The Center-Suite 106 1941 S 42nd St Omaha NB 68105 | (402)208-0935 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Walker, Jeffery | Buoyant Family Services Counseling and Consulting LLC | The Center-Suite 106 1941 S 42nd St Omaha NB 68105 | (402)208-0935 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Ward, Teresa K | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Ward, Teresa K | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Wells, Amanda | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5449 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Residential: Adult Residential Services Short Ter | aluations; Adult Residential Services Dual Residential (MH/SA); Adul | t Residential Service | es Extended |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Wells, Amanda | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5449 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Residential; Adult Residential Services Short Ter | aluations; Adult Residential Services Dual Residential (MH/SA); Adul m Residential | t Residential Service | es Extended |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv venile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | 5 | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental He Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | dult Non-Residential vices Intervention/Ed esidential Services (| Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental He Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Whitehead, Daniel | | 1941 South 42nd Street Suite 536 Omaha NB 68105 | (402)958-5663 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Whitehead, Daniel | | 1941 South 42nd Street Suite 536 Omaha NB 68105 | (402)958-5663 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Wiedel, Karla | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (402)327-6822 | (402)483-4594 |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment | | Adult Non-Residential ervices Intervention/Ec | Services Outpatien ducation; Juvenile |
| | Outpatient Therapy including Family Sessions-N | /lental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-1 ssment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | nt (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Wiedel, Karla | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (402)327-6822 | (402)483-4594 |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - | | Adult Non-Residential ervices Intervention/Ec | Services Outpatien |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Mental Status Exam (MSE); Asses | Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T ssment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | nt (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|-----------------------|---------------------|
| Viles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Ad ance Abuse Evaluations; Juvenile Non-Residential Services Outpat | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Wiles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | raluations; Adult Non-Residential Services Outpatient - Groups; Ad ance Abuse Evaluations; Juvenile Non-Residential Services Outpat | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Wiley, Barbara | Barbara A Wiley MS | 16055 Browne St Omaha NB 68116 | (402)533-3459 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Wiley, Barbara | Barbara A Wiley MS | 16055 Browne St Omaha NB 68116 | (402)533-3459 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sul e Non-Residential Services Outpatient - Individual; Juvenile Non-R | ostance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre- | Treatment Assessmen | t (Medicaid); |
| Other Services: | Assessment: Co-Occurring; Outpatient Therapy - | Individual-Mental Health | | |
| Other Services. | | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|---------------------|
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adultient - Co-Occurring Treatment; Juvenile Assessment Services Subsention Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T Individual-Mental Health | reatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Wilson, Charlene | | 105 N 31st Ave Suite 212 Omaha NB 68131 | (402)378-8508 | (402)939-0676 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Mental Health | | |
| Other Services: | | | | |
| Wilson, Charlene | | 105 N 31st Ave Suite 212 Omaha NB 68131 | (402)378-8508 | (402)939-0676 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | | |
| | Support Worker: Outpatient Therapy - Individual- | Mental Health | | |
| Other Services: | Support Worker; Outpatient Therapy - Individual- | Mental Health | | |
| Other Services: Worsley, Michael | | Mental Health 4101 Woolworth Drive Omaha NB 68105 | (402)995-4638 | |
| Worsley, Michael | Veterans Affairs Medical Center (Veterans Only) Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | | It Non-Residential Se rring Treatment; Adult | Non-Residential |
| Worsley, Michael Substance Abuse Services: | Veterans Affairs Medical Center (Veterans Only) Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | 4101 Woolworth Drive Omaha NB 68105 aluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | It Non-Residential Se rring Treatment; Adult rvices Short Term Res | Non-Residential |
| Worsley, Michael Substance Abuse Services: | Veterans Affairs Medical Center (Veterans Only) Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | 4101 Woolworth Drive Omaha NB 68105 aluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu esidential Services Dual Residential (MH/SA); Adult Residential Ser | It Non-Residential Se rring Treatment; Adult rvices Short Term Res | Non-Residential |

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| Name | Agency | Address | Phone | Fax |
| Worsley, Michael | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4638 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Serv | ing Treatment; Adul | t Non-Residential |
| Mental Health Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | ent Assessment (bio-psychosocial); Co-Occurring; Psychological Eva | luation | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | H); Pre-Treatment | Assessment (bio- |
| Juvenile Services: | esychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation Dutpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment; Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | H); Pre-Treatment | Assessment (bio- |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso | ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Assessment: Pre-Treatment Assessment (Medicaid); Assessme ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Thera | ent: Mental Status E | xam (MSE); |
| Other Services: | | | | |
| Zueter, Kimberly | | 5087 S 106th St Omaha NB 68127 | (402)630-7560 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evalua | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tresment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmer | nt (Medicaid); |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax | | |
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| Zueter, Kimberly | | 5087 S 106th St Omaha NB 68127 | (402)630-7560 | | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services | | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | tient Therapy, The Treatment Assessment (Do-psychosocial), co-occurring tient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); sment: Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | | | | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|---|
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Disorder; Day Treatment Day Treatment-Mental I Treatment: Anger Management Class; Outpatien | ental Health; Outpatient Therapy including Family Sessions-Mental I Health; Assessment: Pre-Treatment Assessment (Medicaid); Asses t Therapy - Individual-Mental Health | | |
| Other Services. | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Osborne, Rhonda | Region II- Human Services | 401 West 1st Street Ogallala NB 69153 | (308)284-6767 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | Adult Non-Residential S rvices Intervention/Edu | Services Outpatient cation; Juvenile |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental I aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oc | Health; Outpatient Ther curring; Outpatient Ther | apy - Co-occurring; apy - Individual- |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; . Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental I aid); Outpatient Therapy - Individual-Mental Health | Adult Non-Residential S ices Substance Abuse on-Residential Services ng Treatment; Juvenile | Services Outpatient Evaluations; Juveni s Outpatient - Famil Non-Residential |

| Name | Agency | Address | Phone | Fax |
|----------------------|--|------------------------------------|---------------|---------------|
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Aduits who Sexually Harm Evaluation; Psychological Evaluation Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatmen Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental H essment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C ucation Class; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Aduices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dunham, Sarah | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (402)474-0011 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | 1 137 | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient | Intensive Outpetier | t Thoropy Montol |
| Juvenile Services. | | ent: Intensive Family Preservation; Outpatient Therapy - Individual-Me | | t merapy-mental |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Other Services: | - | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment | : General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm | Evaluation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Dis Outpatient Therapy-Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Asses | Mental Health; Outpatient Therapy including Family Session order; Intensive Outpatient: Intensive Outpatient Therapy-I Intensive Outpatient: Intensive Outpatient- Eating Disorder ssment: Juvenile Who Sexually Harm Risk Assessment; No of Mediation; Outpatient Therapy - Individual-Mental Health | Mental Health; Intensive Outpati r; Assessment: Pre-Treatment A on-Treatment: Anger Manageme | ent: Intensive ssessment (Medicaid |
| Other Services: | | | | |
| Michels, Stacey | Lemke Michels Psychotherapy - Stacey Michels PC | 942 N 13th St Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| | Individual; Adult Non-Residential Services Outp Assessment Services Substance Abuse Evalua Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm | | rvices Intensive Outpatient Trea ation; Juvenile Non-Residential | atment; Juvenile Services Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessmen | | | |
| | Intensive Outpatient Therapy-Mental Health; Int occurring; Assessment: Pre-Treatment Assess Treatment: Anger Management Class; Outpatie | Mental Health; Outpatient Therapy - Eating Disorder; Outpa ensive Outpatient: Intensive Outpatient- Eating Disorder; Ir nent (Medicaid); Assessment: Outpatient Psychiatric Evalu nt Therapy - Individual-Mental Health | ntensive Outpatient: Intensive O | utpatient Therapy-Co- |
| Other Services: | Sliding Fee Scale; | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | ucation; Adult Non-Residential Services Outpatient - Group ividual; Adult Non-Residential Services Outpatient - Co-Oc | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| | | | | |
| Juvenile Services: | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessn ; Juvenile Non-Residential Services Outpatient - Groups; J ndividual; Juvenile Non-Residential Services Outpatient - C | dividual; Adult Non-Residential nent Services Substance Abus uvenile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions aid); Outpatient Therapy - Individual-Mental Health | s-Mental Health; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | raluations; Adult Non-Residential Services Outpatient - Gro ive Outpatient Treatment; Juvenile Assessment Services S le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Har | Substance Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions g; Intensive Outpatient: Intensive Outpatient Therapy-You itus Exam (MSE); Assessment: Psychological Evaluation; / | s-Mental Health; Outpatient The | erapy - Youth Who ment: Pre-Treatment |
| Other Dervices. | Silding ree Stale, | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | (SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Outpatient - Co- | Occurring Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | nile Pre-Treatment Assessment (PTA); Pre-Treatment Ass | essment (bio-psychosocial) | |
| | Outpatient Therapy including Family Sessions-M | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax | |
|-------------|--|---|------------------------|---------------------|--|
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | | |
| | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatie oups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatie -Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile n-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; venile Non-Residential Services Outpatient - Co-Occurring Treatment topatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - Sliding Fee Scale; | ntal Health; Outpatient Therapy including Family Sessions-Mental He Individual-Mental Health | alth; Outpatient Thera | apy - Co-occurring; | |

Registered Service Providers for County: Franklin

| Name | Agency | Address | Phone | Fax |
|---|--|---|--|---|
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Treatment; Juvenile Assessment Serv Residential Services Intensive Outpatient Treatm | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| | | dults who Sexually Harm Evaluation; Psychological Evaluation Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Asses | sment: Juvenile Who |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; | General Education Class | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess | valuation ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer Mediation; Outpatient Therapy - Individual-Mental Health | h; Intensive Outpatient: Pre-Treatment A | ent: Intensive ssessment (Medicaid) |
| Other Services: | | | | |
| McNichols, Stephanie | | 422 N Hastings Ave, Suite 206 Hastings NB 68901 | (402)440-6496 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |

Registered Service Providers for County: Franklin

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| | Outpatient Therapy - Individual-Mental Health | ntal Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ntal Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inter Exam (MSE); Out-0 | sive Outpatient Df-Home: Foster Care |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ntal Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance / e Non-Residential Services Outpatient - Individual | Non-Residential Se Abuse Evaluations; . | rvices Outpatient - Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | on; Psychological E | valuation |
| | Sexually Harm; Outpatient Therapy - Co-occurring Assessment (Medicaid); Assessment: Mental Star Assessment; Assessment: Co-Occurring; Outpati | ntal Health; Outpatient Therapy including Family Sessions-Mental He g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sex tus Exam (MSE); Assessment: Psychological Evaluation; Assessmer ent Therapy - Individual-Mental Health | ually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |

Registered Service Providers for County: Franklin

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individua ervices Substance Abuse Evaluations; Juvenile Non-Residential I; Juvenile Non-Residential Services Outpatient - Groups; Juveni tient - Individual | al; Adult Non-Residential Se Services Intervention/Educ | ervices Outpatient ation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | al; Adult Non-Residential Se Services Intervention/Educ | ervices Outpatient cation; Juvenile |
| | | ental Health; Outpatient Therapy including Family Sessions-Ment | al Health: Outpatient There | ny - Co-occurring: |
| Suverille Services. | Assessment: Co-Occurring; Outpatient Therapy - | | ai fiealth, Outpatient ffiera | ipy - Co-occurring, |
| Other Services: | Sliding Fee Scale; | | | |

Registered Service Providers for County: Frontier

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Brandyberry, Kyle | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juven individual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential S Services Substance Abuse E ile Non-Residential Services | ervices Outpatient - Evaluations; Juvenil Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | - · |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mer by-Co-occurring; Assessment: Pre-Treatment Assessment (Mec Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me | | |
| | Disorder; Day Treatment Day Treatment-Mental Treatment: Anger Management Class; Outpatien | Health; Assessment: Pre-Treatment Assessment (Medicaid); As | ssessment: Mental Status Ex | am (MSE); Non- |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 (| 402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; I Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Men order; Intensive Outpatient: Intensive Outpatient Therapy-Mental ntensive Outpatient: Intensive Outpatient- Eating Disorder; Asse sment: Juvenile Who Sexually Harm Risk Assessment; Non-Tre Mediation; Outpatient Therapy - Individual-Mental Health | Health; Intensive Outpatien | t: Intensive essment (Medicaid |

Other Services:

Registered Service Providers for County: Frontier

| Name | Agency | Address | Phone | Fax |
|----------------------|--|--|--|---|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Juvenile Assessi ; Juvenile Non-Residential Services Outpatient - Groups; , adividual; Juvenile Non-Residential Services Outpatient - C (bio-psychosocial) | dividual; Adult Non-Residential S nent Services Substance Abuse luvenile Non-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Session aid); Outpatient Therapy - Individual-Mental Health | s-Mental Health; Outpatient Ther | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Gro ive Outpatient Treatment; Juvenile Assessment Services le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Ha | Substance Abuse Evaluations; Ju | venile Non- |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Session ig; Intensive Outpatient: Intensive Outpatient Therapy-You itus Exam (MSE); Assessment: Psychological Evaluation; | th Who Sexually Harm; Assessm | ent: Pre-Treatment |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Andrews, Katherine | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Intensive Outpatient: Intensive Outpatie | ental Health; Outpatient Therapy including Family Sessions-Mental Health ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient | Eating Disorder; As | |
| Other Services: | Treatment Assessment (Medicaid); Non-Treatme | nt: Family Support Worker; Outpatient Therapy - Individual-Mental He | aith | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder; Day Treatment Day Treatment-Mental H Treatment: Anger Management Class; Outpatient | ental Health; Outpatient Therapy including Family Sessions-Mental He Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessn t Therapy - Individual-Mental Health | ealth; Outpatient The nent: Mental Status | erapy - Eating Exam (MSE); Non- |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio peuchecocie) | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | eaith; Outpatient The | erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
|----------------------|--|---|---|---|
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups; Ad sive Outpatient Treatment; Juvenile Assessment Services Substan ile Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eval | ce Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Menta ng; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who atus Exam (MSE); Assessment: Psychological Evaluation; Assess ient Therapy - Individual-Mental Health | Sexually Harm; Assess | sment: Pre-Treatmen |
| Other Services: | Sliding Fee Scale; | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MI Family; Juvenile Non-Residential Services Outpat | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Substance Abuse Evaluations; Juvenile Non-Residential S H; Juvenile Non-Residential Services Outpatient - Groups; Juvenil atient - Individual essment (PTA); Pre-Treatment Assessment (bio-psychosocial); C | ; Adult Non-Residentia Services Intervention/E e Non-Residential Serv | I Services Outpatient ducation; Juvenile |
| | | ental Health; Outpatient Therapy - Individual-Mental Health | occurring | |
| Other Services: | Culpation morapy moraling raminy Sessions-wi | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|---|--|---|
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential \$ | Services Outpatient - |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass | uio-psychosocial) Intal Health; Outpatient Therapy including Family Sessions-Mental H essment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C ucation Class; Outpatient Therapy - Individual-Mental Health | | |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Chang, Chinah | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-0699 | (402)483-7045 |
| | | (bio-psychosocial); Psychological Evaluation ental Health; Outpatient Therapy including Family Sessions-Mental H cal Evaluation; Outpatient Therapy - Individual-Mental Health | ealth; Assessment: F | Pre-Treatment |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Treatment; Juvenile Assessment Serv Residential Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil |
| Mental Health Services: | 1 17 | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy | Individual-Mental H | lealth |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|--|
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Educat ces Outpatient - Groups; Adult Non-Residential Services Outpat ervices Outpatient - Co-Occurring Treatment; Adult Non-Reside | tient - Family; Adult Non-Re | esidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dunham, Sarah | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (402)474-0011 | |
| | Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-M | ient - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment n; Juvenile Non-Residential Services Outpatient - Groups; Juve Individual; Juvenile Non-Residential Services Outpatient - Co-O t (bio-psychosocial); Co-Occurring Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient nent: Intensive Family Preservation; Outpatient Therapy - Individ | Services Substance Abus nile Non-Residential Servic occurring Treatment; Juveni patient: Intensive Outpatier | e Evaluations; Juven es Outpatient - Fami le Non-Residential |
| Other Services: | | | | |
| Eberle, Jeremy | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial) | | |
| Juvenile Services: Other Services: | | | | |
| Hardy, Brian | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Psychological Evaluation | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M | Iental Health; Assessment: Psychological Evaluation; Outpatier | nt Therapy - Individual-Men | tal Health |
| | | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|--|--|---|
| Harmes, Eric | | 5539 S. 27th St. Suite 104 Lincoln NB 68512 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | lental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C | | lual; Adult Non-Residential al Services Intervention/Ec Non-Residential Services | Services Outpatien Jucation; Juvenile Outpatient - Individu |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial) | ; Co-Occurring; Psycholog | ical Evaluation |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me caid); Assessment: Mental Status Exam (MSE); Assessment: Pe | | |
| Other Services: | occuming, outpatient merapy - mainaud mena | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluatior | 1 | |
| Juvenile Services: | | ; Assessment: Mental Status Exam (MSE); Assessment: Psych | ological Evaluation; Asses | sment: Juvenile Wh |
| Other Services: | Sexually Harm Risk Assessment | | | |
| | | | | |
| Holt, Jennifer | Adultspan Counseling | 1001 S. 70th St suite 225 Lincoln NB 68510 | (402)325-0117 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Jagels, Kristin | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M | ental Health; Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient The | erapy - Individual- |
| | Mental Health | | | 17 |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Out isidential Services Outpatient - Co-Occurring Treatment; Juvenile No (bio-psychosocial); Co-Occurring | ing Treatment; Adul Residential Service: tpatient - Family; Ju | t Non-Residential s venile Non-Residential |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental Hey-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Ir | Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Kadavy, Michaela | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Individual- |
| Other Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer Mediation; Outpatient Therapy - Individual-Mental Health | th; Intensive Outpati ent: Pre-Treatment A | ent: Intensive ssessment (Medicaid); |
| Other Services: | | | | |
| Lafferty, Melissa | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | ssessment: Mental S | Status Exam (MSE); |
| Other Services: | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|-----------------------|
| Logsden, Lisa | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Outpatient - Groups; Juvenile Non-Re Juvenile Non-Residential Services Outpatient - Co-Occurring Tre | ccurring Treatment; Juve sidential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | aluation; Psychological E | valuation |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Ment essment (Medicaid); Assessment: Mental Status Exam (MSE); As Assessment; Assessment: Co-Occurring; Outpatient Therapy - In | ssessment: Psychologica | |
| Other Services: | | | | |
| McDonald, Kathryn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | (402)932-3557 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Adult Residential Service | al; Adult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Middagh, Todd | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Non-Treatment: Intensive Family Preservation; O | ental Health; Assessment: Pre-Treatment Assessment (Medicaid utpatient Therapy - Individual-Mental Health | I); Assessment: Mental S | tatus Exam (MSE); |
| Other Services: | | | | |
| Munet Ginorio, Alexandra | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)482-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Ment essment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring; Outpatient Therapy - In | ssessment: Psychologica | |

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|--|-----------------------|---------------------|--|--|
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | tient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive | | | | |
| Other Services: | Outpatient Therapy-Mental Health; Non-Treatmer | nt: Intensive Family Preservation; Outpatient Therapy - Individual-Me | ntal Health | | | |
| Other Services. | | | | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Youth Who Sexually | y Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; P | sychological Evaluat | tion | | |
| Juvenile Services: | | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological and the second states are second states and the second states are second s | ogical Evaluation; As | sessment: Juvenile | | |
| Other Services: | Who Sexually Harm Risk Assessment | | | | | |
| | | | | | | |
| Ollila, Ashleigh | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H Psychiatric Evaluation; Assessment: Mental Status Exam (MSE); Ou | | | | |
| Other Services: | | | | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Adults who Sexually Harm Ev | aluation; Psychologi | cal Evaluation | | |
| Juvenile Services: | | | | | | |
| | Sliding Fee Scale; | | | | | |
| | | | | | | |
| Peterson, Kira | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Individual- | | |
| Other Services: | | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Indi Services Intensive Outpatient Treatment; Juvenile Assessme ı; Juvenile Non-Residential Services Outpatient - Groups; Juv ndividual; Juvenile Non-Residential Services Outpatient - Co- (bio-psychosocial) | vidual; Adult Non-Residential S nt Services Substance Abuse E /enile Non-Residential Services | ervices Outpatient Evaluations; Juveni Outpatient - Famil |
| | Assessment: Pre-Treatment Assessment (Medic | ental Health; Outpatient Therapy including Family Sessions-I aid); Outpatient Therapy - Individual-Mental Health | Mental Health; Outpatient Thera | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Taylor, Guy | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: Other Services: | | ental Health; Outpatient Therapy including Family Sessions-I Assessment: Co-Occurring; Outpatient Therapy - Individual-N | | ental Status Exam |
| Other Services. | | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 (| (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH | /SA) | | |
| Mental Health Services: Juvenile Services: Other Services: | | | | |
| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Educ nt - Individual; Adult Non-Residential Services Outpatient - C e Non-Residential Services Intervention/Education; Juvenile I | o-Occurring Treatment; Juvenil | e Assessment |
| | | ndividual; Juvenile Non-Residential Services Outpatient - Co- | Occurring Treatment | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------|---|---|----------------------|------------------|--|
| Other Services: | Sliding Fee Scale; | | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Assepsychosocial); Adults who Sexually Harm Evaluat | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion; Psychological Evaluation | iH); Pre-Treatment A | Assessment (bio- | |
| Juvenile Services: | Sociological Evaluation, Adults who sexually fram Evaluation, Psychological Evaluation Dutpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment; Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential S | valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia Education; Juvenile Non-Residential Services Care Monitoring SA/ ervices Outpatient - Family; Juvenile Non-Residential Services Out Juvenile Non-Residential Services Intensive Outpatient Treatment | t - Family; Adult Non-Resid al Services Intensive Outpa /MH; Juvenile Non-Resider utpatient - Individual; Juven | dential Services atient Treatment; atial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Menta py-Mental Health; Intensive Outpatient: Intensive Outpatient Thera | | |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Menta ve Family Preservation; Outpatient Therapy - Individual-Mental He | | -Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Menta Health; Assessment: Pre-Treatment Assessment (Medicaid); Ass nt Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Eoo Scalo: | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens : Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inter Exam (MSE); Out-0 | sive Outpatient Df-Home: Foster Care |
| Other Services: | | | | |
| Raney, Sandra | Open Door | 2122 Broadway Scottsbluff NB 69361 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Services transmission and the service of the service | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatme | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid nt: Family Support Worker; Non-Treatment: Supervised Visitation; No Ig; Non-Treatment: Anger Management Class; Non-Treatment: Gene |); Assessment: Men on-Treatment: Tutori | tal Status Exam ng; Non-Treatment: |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance e Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | Abuse Evaluations; | Juvenile Non- |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He | | |
| | | | , | 1.7 |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name Agene | Address | Phone | Fax |
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Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health

Other Services: Sliding Fee Scale;

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--------------------------------------|
| Boyce, Shelley | Shelley K Boyce, LIMHP, CPC | 314 S 14th St Suite 101 Ord NB 68862 | (308)728-9979 | (308)728-9980 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap | by - Individual-Menta | l Health |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | ment: Juvenile Wh |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inter Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inten Exam (MSE); Out-C | sive Outpatient f-Home: Foster Ca |
| | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Ser Juvenile Non-Residential Services Outpatient - Groups; Juvenile Idividual; Juvenile Non-Residential Services Outpatient - Co-Occur | ; Adult Non-Residential S vices Substance Abuse E Non-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient Thera | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Pre-Treat | ment Assessment (bio-psychosocial); Co-Occurring | | |
| | Disorder; Outpatient Therapy - Co-occurring; Ass Management Class; Outpatient Therapy - Individu | ental Health; Outpatient Therapy including Family Sessions-Mental essment: Pre-Treatment Assessment (Medicaid); Assessment: Co ual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessi t Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Harvey, Deborah | Harvey Counseling | 101 W 8th St Suite A Lexington NB 68550 | (308)324-7017 | (866)578-3559 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | utpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MS utpatient Therapy - Individual-Mental Health | | | tatus Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) | dult Non-Residential ces Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | rapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance e Non-Residential Services Outpatient - Individual | Abuse Evaluations; J | uvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | , , , | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | rapy - |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | Co-occurring; Intensive Outpatient: Intensive Outpatient The Mental Status Exam (MSE); Assessment: Psychological Eva utpatient Therapy - Individual-Mental Health | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Educa nt - Family; Adult Non-Residential Services Outpatient - Indiv ervices Substance Abuse Evaluations; Juvenile Non-Resider H; Juvenile Non-Residential Services Outpatient - Groups; Ju tient - Individual essment (PTA); Pre-Treatment Assessment (bio-psychosocia | idual; Adult Non-Residential S ntial Services Intervention/Educ venile Non-Residential Service | ervices Outpatient cation; Juvenile |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - rvices Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S ducation; Juvenile Non-Residential Services Care Monitoring SA/MF ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Juvenile Non-Residential Services Intensive Outpatient Treatment | Family; Adult Non-Resi ervices Intensive Outpa ł; Juvenile Non-Resider | dential Services atient Treatment; ntial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy | lealth; Outpatient Thera -Co-occurring; Assessn | py - Co-occurring; nent: Co-Occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H | lealth; Assessment: Pre | e-Treatment |
| Other Services: | Sliding Fee Scale; | e Family Preservation; Outpatient Therapy - Individual-Mental Health | 1 | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental Health | Adult Non-Residential S ces Substance Abuse E on-Residential Services ng Treatment; Juvenile | ervices Outpatient - Evaluations; Juvenile Outpatient - Family Non-Residential |
| Other Services: | Sliding Fee Scale; | aiu), Outpatient Therapy - Individual-Mental Health | | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|--|----------------------|--------------------|--|
| Boyce, Shelley | Shelley K Boyce, LIMHP, CPC | 314 S 14th St Suite 101 Ord NB 68862 | (308)728-9979 | (308)728-9980 | |
| Substance Abuse Services: | | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | patient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | Sliding Fee Scale; | ling Fee Scale; | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | alth. Outpatiant The | | |
| Juvenile Services. | | ttpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occu sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | (| алар, так алар алар алар алар алар алар алар ал | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | ment: Juvenile Who | |
| Other Services: | | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------|---|---|--|--|--|
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm I | Evaluation | | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Asses | lental Health; Outpatient Therapy including Family Sessions-Mental order; Intensive Outpatient: Intensive Outpatient Therapy-Mental He Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assess isment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatm t Mediation; Outpatient Therapy - Individual-Mental Health | ealth; Intensive Outpati ment: Pre-Treatment A | ent: Intensive ssessment (Medicaid | |
| Other Services: | | | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser n; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur t (bio-psychosocial); Co-Occurring | Adult Non-Residentia vices Substance Abus Non-Residential Servic | l Services Outpatient e Evaluations; Juvenil es Outpatient - Family | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Thera | Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring Intensive Outpatient: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment: Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatment: Intensive Family Preservation; Non-Treatment: Anger Management Class; Non-Treatment; Non-Treatment; Anger Management Class; Non-Treatment; Non-T | | | |
| Other Services: | | | | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 124 West 25th Street Suite B4 Kearney NB 68847-4473 | (308)708-9379 | | |
| Mental Health Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Services Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | valuations; Adult Non-Residential Services Intervention/Education; ces Outpatient - Groups; Adult Non-Residential Services Outpatient ervices Outpatient - Co-Occurring Treatment; Adult Non-Residential e Evaluations; Juvenile Non-Residential Services Intervention/Educ ial Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatmer t (bio-psychosocial); Co-Occurring lental Health; Outpatient Therapy including Family Sessions-Mental | - Family; Adult Non-Re Services Intensive Ou ation; Juvenile Non-Re ; Outpatient - Family; J tt; Juvenile Non-Reside | esidential Services tpatient Treatment; esidential Services uvenile Non- ential Services | |

| Name | Agency | Address | Phone | Fax |
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| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens : Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inter Exam (MSE); Out-0 | nsive Outpatient Of-Home: Foster Care |
| Other Services: | | | | |
| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Non-Treatment: Intensive Family Preser | | |
| Other Services: | Mental Fleatur | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpat | | dult Non-Residential vices Intervention/Econ-Residential Serv | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | occurring | |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health Other Services: | | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Services | • | dult Non-Residential S rices Intervention/Edu | Services Outpatient - cation; Juvenile |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He | alth: Outpatient Ther | apy - Co-occurring: |
| | Assessment: Co-Occurring; Outpatient Therapy - | | , | |
| Other Services: | Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Pre-Treat | ment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | utpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating sorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatment: Anger anagement Class; Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Alfrey , Kerry | New Beginnings Family Services | 620 N Webb Rd Grand Island NB 68803 | (308)675-0060 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr dential Services Outpatient - Family; Juvenile Non-Residential Servic reatment | ing Treatment; Juve | nile Non-Residential |
| | 1 132 | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | |
| Juvenile Services: | utpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who exually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessme uvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | | | | |
| Arnett Nickolaus, Theresa | SOZO Family Services | 616 13th St Suite 110 Aurora NB 68818 | (402)631-7267 | (402)694-4199 |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Ad tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - |
| | Outpatient Therapy; Co-Occurring | | | |
| | Health; Assessment: Mental Status Exam (MSE); | ental Health; Outpatient Therapy - Eating Disorder; Intensive Outpatie Outpatient Therapy - Individual-Mental Health | ent: Intensive Outpat | ient Therapy-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Arnett Nickolaus, Theresa | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (402)631-7267 | (402)694-4199 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Residential Service Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A es Dual Residential (MH/SA); Juvenile Assessment Services Substa enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ince Abuse Evaluation sidential Services O | Services Outpatient - ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Mental Hessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C | | |
| Other Services: | | | | |
| Arroyo-Herrera, Adriana | Arroyo-Stoltenberg Counseling | 706 W Koenig St Grand Island NB 68801 | (308)370-3678 | |
| | Groups; Adult Non-Residential Services Outpatier Outpatient Treatment; Juvenile Assessment Servi Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp | | dult Non-Residential | Services Intensive ation; Juvenile Non- |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Psychological Evaluation | | |

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| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bailey, Nathanial | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)384-7896 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| | | valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial) | dult Non-Residential | Services Outpatient - |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental H sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C ucation Class; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | | erapy - Co-occurring; |
| Other Services: | | ,, | | |
| Cammon-Larson, Jennifer | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | (308)385-5271 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Coghlan, Kayla | Clearwater Counseling | 1811 W 2nd Street Suite 235 Grand Island NB 68803 | (402)657-9881 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 6 | Adult Non-Residential S rvices Intervention/Edu | Services Outpatient cation; Juvenile |
| | Assessment: Mental Status Exam (MSE); Outpar | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Daily, Sherry | | 2100 4TH AVENUE KEARNEY NB 68845 | (308)830-3618 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Non-Residential Services Intervention/Education; Juvenile Non-Res ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | rring Treatment; Juveni sidential Services Outpa | le Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Mental Health | lental Health; Outpatient Therapy - Co-occurring; Assessment: Co-O | ccurring; Outpatient Th | erapy - Individual- |
| Other Services: | | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individual; Ac vices Substance Abuse Evaluations; Juvenile Non-Residential Servic nent | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
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| Name | Agency | Address | Phone | Fax |
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| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy | - Individual-Mental H | lealth |
| Other Services: | Sliding Fee Scale; | | | |
| Dunlop, Terry | Counseling and Enrichment Center | 118 N 5th Street O'Neill NB 68763 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He Pre-Treatment Assessment (Medicaid); Non-Treatment: Anger Mana Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Eigenberg, Amy | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy: Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | ion | |
| | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpat ent: Mental Status Exam (MSE); Assessment: Juvenile Who Sexually | tient Therapy - Co-od | |
| Other Services: | Co-Occurring, Outpatient merapy - monorular-we | | | |
| Feese, Emily | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He nt (Medicaid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Eating |
| Other Services: | | | | |

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| Name | Agency | Address | Phone | Fax |
| Florez, Thomas | New Beginnings Family Services | 620 N Webb Rd Grand Island NB 68803 | (308)675-0060 | (308)339-1621 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | t Non-Residential Ser ring Treatment | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | - | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H | lealth; Assessment: (| Co-Occurring; |
| Other Services: | Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; | | | |
| Fluhart, Sarah | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Franssen, Tracee | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | (308)675-3342 |
| | Family; Adult Non-Residential Services Outpatier Services Intervention/Education; Juvenile Non-Re Residential Services Outpatient - Co-Occurring T | | ring Treatment; Juve | nile Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Ti Individual-Mental Health | reatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (308)339-0962 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment tient - Family; Juvenile |
| Mental Health Services: | • | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Ti | reatment Assessmen | t |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| | | | | |
| Other Services: | (Medicaid); Outpatient Therapy - Individual-Menta Sliding Fee Scale; | | | |
| | Silding ree Scale, | | | |
| Johnson (Aswegan), Betty | | 2210 30th Ave. Kearney NB 68845 | (308)440-8054 | (308)234-6604 |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid | • | venile Assessment | Services Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Kawata, Ryan | New Beginnings Family Services | 620 N Webb Rd Grand Island NB 68803 | (308)675-0060 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Mental Status Exam (MSE); Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Day Treatment Day ⁻ · Individual-Mental Health | Treatment-Mental He | ealth; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kennedy, Jr., William T. | | 2267 N Webb Rd Grand Island NB 68803 | (308)390-6948 | (308)624-2164 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential | Services Outpatient - |
| | Outpatient Therapy; Co-Occurring | nt - Family; Adult Non-Residential Services Outpatient - Individual | | |
| Juvenile Services: | | | | |

Other Services: Sliding Fee Scale;

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| Name | Agency | Address | Phone | Fax | | |
| Kissack, Cynthia | Cynthia Kissack Counseling | 2517 S August Grand Island NB 68801 | (308)379-8619 | (308)385-5271 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | | nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating Disorder; Intensive Outpatient: Intensive patient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpaties | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D enile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resident | dult Non-Residential Jual Residential (MH, Ion-Residential Serv /; Juvenile Non-Resi | Services Outpatient /SA); Adult ices Care Monitoring dential Services | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | utpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri on-Residential Services Partial Care; Adult Residential Services Dual Services Short Term Residential | ng Treatment; Adult | Non-Residential | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 | | |
| Substance Abuse Services: | | | | | | |
| | Outpatient Therapy; Adults who Sexually Harm E | | | | | |
| Juvenile Services: | utpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who exually Harm; Outpatient Therapy - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive utpatient Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessment: Pre-Treatment Assessment (Medical ssessment: Mental Status Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatment: Anger Management Class; Non- reatment: Juvenile Offender/Victim and Conflict Mediation; Outpatient Therapy - Individual-Mental Health | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Martin-Sanchez, Ileana | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)384-7896 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| | Bilingual Services; | | | |
| | - | 2009 W 20th St. Suite B. Keerney NB 69945 | (208)227 0201 | |
| Maxson, Thomas | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F Co-Occurring Treatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | Adult Non-Residential S rvices Intervention/Edu Residential Services Ou | ervices Outpatient cation; Juvenile utpatient - Individua |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental H ng; Assessment: Pre-Treatment Assessment (Medicaid); Assessmen Who Sexually Harm Risk Assessment; Assessment: Co-Occurring; (| t: Mental Status Exam | (MSE); Assessmen |
| Other Services: | | | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 124 West 25th Street Suite B4 Kearney NB 68847-4473 | (308)708-9379 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residenti | valuations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - ervices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educat al Services Outpatient - Groups; Juvenile Non-Residential Services Cenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Cenile Non-Residential Services Outpatient; Co-Occurring Treatment; Co-Occurring | Family; Adult Non-Resi ervices Intensive Outpa ion; Juvenile Non-Resi Outpatient - Family; Juv | dential Services atient Treatment; dential Services enile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-M | ental Health; Outpatient Therapy including Family Sessions-Mental Health (Medicaid); Outpatient Therapy - Individual-Mental Health | lealth; Outpatient Thera | apy - Eating |
| Other Services: | Sliding Fee Scale; | | | |
| McMaster, Brianna | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur le Assessment Services Substance Abuse Evaluations; Juvenile Non ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | ring Treatment; Adult N n-Residential Services (| lon-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Outpatient The | herapy - Individual-Mental Health | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Other Services: | Sliding Fee Scale; | | | |
| Meidlinger, John | | 1811 W 2nd St Suite 410 Grand Island NB 68803 | (308)384-9594 | (308)384-0446 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Evaluation | nile Youth Who Sexually Harm Evaluation (YWSH); Adults who Sexu | ally Harm Evaluatio | n; Psychological |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | ogical Evaluation; As | ssessment: Juvenile |
| Other Services: | | | | |
| Mexcur, Victoria | VA-Western Iowa Health Care | 2201 N. Broadwell Ave Grand Island NB 68803 | (308)382-3660 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Short Term Residential | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Health; Intensit: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | sive Outpatient: Inter Exam (MSE); Out-0 | nsive Outpatient Df-Home: Foster Care |
| Other Services: | | | | |
| Newman, Rocky | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)384-7896 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|---|------------------------|-----------------------|
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Redman, Danielle | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv | vidual | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); O | outpatient Therapy - I | ndividual-Mental |
| | | | | |
| Riessland, Bryce | | 124 W. 46th Ave. Suite 105 Kearney NB 68848 | (308)440-5294 | (308)388-5545 |
| Mental Health Services: Juvenile Services: Other Services: Rivera. Elia | | (bio-psychosocial); Co-Occurring 312 North Elm Street Grand Island NB 68801 | (308)383-2208 | |
| | Adult Accessment Services Substance Abuse Ex | valuations; Adult Non-Residential Services Intervention/Education; Ad | · · / | Sonvices Outpatient |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment | dult Non-Residential | Services Outpatient |
| | | ental Health; Outpatient Therapy - Co-occurring; Non-Treatment: Ang | ger Management Cla | ss; Outpatient Therap |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Rowe, Leisa | Leisa Rowe Counseling | 908 N. Howard Ave, Suite 102 Grand Island NB 68803 | (308)398-6050 | (308)398-6051 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Individual; Adult Non-Residential Services Outpatient | | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Spellbrink, Sarah | | 312 N. Elm St. Suite 115 Grand Island NB 68801 | (308)379-6932 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Individual | valuations; Adult Non-Residential Services Outpatient - Family; | Adult Non-Residential Servic | es Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Juvenile Assessment n; Juvenile Non-Residential Services Outpatient - Groups; Juver Individual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential S Services Substance Abuse E nile Non-Residential Services | ervices Outpatient - Evaluations; Juvenil Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | . . |
| | Assessment: Pre-Treatment Assessment (Medic | lental Health; Outpatient Therapy including Family Sessions-Me caid); Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Thera | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Substance Abuse Evaluations; Juvenile Non-Residenti IH; Juvenile Non-Residential Services Outpatient - Groups; Juve atient - Individual | dual; Adult Non-Residential S ial Services Intervention/Educ | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial) | ; Co-Occurring | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | Nental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Thimsen-Villa, Deborah | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (402)984-4508 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M | lental Health; Outpatient Therapy - Individual-Mental Health | | |

Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health

Other Services:

| Name | Agency | Address | Phone | Fax | | |
|---------------------------------------|--|--|---|---|--|--|
| Veronee, Tony | | 1040 S. Wabash Ave., Apt. 208 Hastings NB 68901 | (308)737-8952 | | | |
| | Co-Occurring Treatment; Adult Non-Residential S | | Adult Non-Residential S | Services Outpatient - | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | | |
| Juvenile Services: Other Services: | | patient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co- urring; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | |
| Wallace, Cynthia | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | (308)385-5271 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | | | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurri | ng Treatment | | | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | Dutpatient Therapy; Medication Evaluation; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | | Dutpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Medication Management; Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | ; Adult Non-Residential Services Intervention/Ec | Services Outpatient - ducation; Juvenile | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | | |
| | Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Menta Individual-Mental Health | I Health; Outpatient The | erapy - Co-occurring; | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; Int - Family; Adult Non-Residential Services Outpatient - Individual rervices Substance Abuse Evaluations; Juvenile Non-Residential S Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- oo-Occurring Treatment | ; Adult Non-Residential Services Intervention/Ed | Services Outpatient - ducation; Juvenile | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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Mental Health Services: Outpatient Therapy; Co-Occurring

Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|-----------------------|
| Alfrey , Kerry | New Beginnings Family Services | 620 N Webb Rd Grand Island NB 68803 | (308)675-0060 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Group at - Individual; Adult Non-Residential Services Outpatient - C dential Services Outpatient - Family; Juvenile Non-Residenti reatment | o-Occurring Treatment; Juver | nile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm | Evaluation | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-M g; Assessment: Pre-Treatment Assessment (Medicaid); Asse Assessment: Co-Occurring; Outpatient Therapy - Individual-M | essment: Mental Status Exan | |
| Other Services: | | | | |
| Arnett Nickolaus, Theresa | SOZO Family Services | 616 13th St Suite 110 Aurora NB 68818 | (402)631-7267 | (402)694-4199 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Educ: it - Individual; Adult Non-Residential Services Outpatient - C | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | , | 5 | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health; Assessment: Mental Status Exam (MSE); | ental Health; Outpatient Therapy - Eating Disorder; Intensive Outpatient Therapy - Individual-Mental Health | Outpatient: Intensive Outpat | ient Therapy-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Educant of Family; Adult Non-Residential Services Outpatient - Indiv | | Services Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | , | | |
| | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Messment: Pre-Treatment Assessment (Medicaid); Assessme ucation Class; Outpatient Therapy - Individual-Mental Health | ent: Co-Occurring; Non-Treatr | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Educant - Family; Adult Non-Residential Services Outpatient - Indiv | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Naid); Assessment: Co-Occurring; Outpatient Therapy - Individ | Mental Health; Outpatient The dual-Mental Health | erapy - Co-occurring; |
| Other Services: | | | | |

| News | | | Diama | E |
|---------------------------|--|--|---|--|
| Name | Agency | Address | Phone | Fax |
| Franssen, Tracee | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | (308)675-3342 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Outpatient - Family; Juvenile Non-Residential Ser reatment | ing Treatment; Juve | nile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | eatment Assessmen | t (Medicaid); |
| Other Services: | Assessment: Co-Occurring; Outpatient Therapy - Sliding Fee Scale; | Individual-Mental Health | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (308)339-0962 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment tient - Family; Juvenil |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | eatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---------------------------------------|
| Kennedy, Jr., William T. | | 2267 N Webb Rd Grand Island NB 68803 | (308)390-6948 | (308)624-2164 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential \$ | Services Outpatient - |
| | Groups; Adult Non-Residential Services Outpatien Outpatient Therapy; Co-Occurring | nt - Family; Adult Non-Residential Services Outpatient - Individual | | |
| Juvenile Services: | Outpatient merapy, Co-Occurring | | | |
| | Sliding Fee Scale; | | | |
| | Silding ree Scale, | | | |
| Kissack, Cynthia | Cynthia Kissack Counseling | 2517 S August Grand Island NB 68801 | (308)379-8619 | (308)385-5271 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| | | y-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating D re-Treatment Assessment (Medicaid); Assessment: Mental Status Estimation (Medicaid); Assessment: Mental Status E | | utpatient: Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr on-Residential Services Partial Care; Adult Residential Services Dua Services Short Term Residential | ing Treatment; Adult | Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| | Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir | ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer | h; Intensive Outpatient: Pre-Treatment A | ent: Intensive ssessment (Medicaio |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---|---|---|--|--|
| McNichols, Stephanie | | 422 N Hastings Ave, Suite 206 Hastings NB 68901 | (402)440-6496 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Co-occurring; |
| Other Dervices. | Silding ree Scale, | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens :: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | ive Outpatient: Inten | sive Outpatient |
| | (Relative/Kinship); Out-Of-Home: Foster Care (Ag | gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | | |
| Other Services: | (Relative/Kinship); Out-Of-Home: Foster Care (Ag | | | |
| Other Services: Rowe, Leisa | (Relative/Kinship); Out-Of-Home: Foster Care (Ag Leisa Rowe Counseling | | | |
| Rowe, Leisa | Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ev | gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | Individual-Mental H (308)398-6050 ult Non-Residential S | ealth (308)398-6051 Services Care |
| Rowe, Leisa Substance Abuse Services: | Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - 908 N. Howard Ave, Suite 102 Grand Island NB 68803 aluations; Adult Non-Residential Services Intervention/Education; Ad so Outpatient - Individual; Adult Non-Residential Services Outpatient | Individual-Mental H (308)398-6050 ult Non-Residential S | ealth (308)398-6051 Services Care |
| Rowe, Leisa Substance Abuse Services: Mental Health Services: | Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ev | gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - 908 N. Howard Ave, Suite 102 Grand Island NB 68803 aluations; Adult Non-Residential Services Intervention/Education; Ad so Outpatient - Individual; Adult Non-Residential Services Outpatient | Individual-Mental H (308)398-6050 ult Non-Residential S | ealth (308)398-6051 Services Care |
| Rowe, Leisa Substance Abuse Services: | Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - 908 N. Howard Ave, Suite 102 Grand Island NB 68803 aluations; Adult Non-Residential Services Intervention/Education; Ad so Outpatient - Individual; Adult Non-Residential Services Outpatient | Individual-Mental H (308)398-6050 ult Non-Residential S | ealth (308)398-6051 Services Care |
| Rowe, Leisa Substance Abuse Services: Mental Health Services: Juvenile Services: | Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - 908 N. Howard Ave, Suite 102 Grand Island NB 68803 aluations; Adult Non-Residential Services Intervention/Education; Ad so Outpatient - Individual; Adult Non-Residential Services Outpatient | Individual-Mental H (308)398-6050 ult Non-Residential S | ealth (308)398-6051 Services Care |
| Rowe, Leisa Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment of Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - 908 N. Howard Ave, Suite 102 Grand Island NB 68803 aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Individual; Adult Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring | (308)398-6050 (308)398-6050 ult Non-Residential S - Co-Occurring Treat (402)370-3140 ult Non-Residential dult Non-Residential ses Substance Abuse n-Residential Servic | ealth (308)398-6051 Services Care tment Services Outpatient - Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Rowe, Leisa Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment of Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - 908 N. Howard Ave, Suite 102 Grand Island NB 68803 aluations; Adult Non-Residential Services Intervention/Education; Ad as Outpatient - Individual; Adult Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring 4432 Sunrise Place Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Ad aluations; Adult Non-Residential Services Intervention/Education; Ad ndividual; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring | (308)398-6050 (308)398-6050 ult Non-Residential S - Co-Occurring Treat (402)370-3140 ult Non-Residential dult Non-Residential ses Substance Abuse n-Residential Servic | ealth (308)398-6051 Services Care tment Services Outpatient - Services Outpatient - services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Rowe, Leisa Substance Abuse Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: Juvenile Services: | Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment of Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Outpatient Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Metersion | gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - 908 N. Howard Ave, Suite 102 Grand Island NB 68803 aluations; Adult Non-Residential Services Intervention/Education; Ad as Outpatient - Individual; Adult Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring 4432 Sunrise Place Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Ad aluations; Adult Non-Residential Services Intervention/Education; Ad ndividual; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring | Individual-Mental H (308)398-6050 ult Non-Residential S - Co-Occurring Treat (402)370-3140 ult Non-Residential dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni | ealth (308)398-6051 Services Care tment Services Outpatient - Services Outpatient - e Evaluations; Juvenike es Outpatient - Family le Non-Residential |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|-----------------------|--|
| Thimsen-Villa, Deborah | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (402)984-4508 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment | (bio-psychosocial) | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); A SE); Assessment: Medication Management; Outpatient Therapy - In | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | 5 | Adult Non-Residentia | I Services Outpatient ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental H Individual-Mental Health | lealth; Outpatient Th | erapy - Co-occurring |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|------------------------------|---------------------|
| Carleen Nengy | | 710 Durlington, Holdrogo ND 69040 | (208)005 6601 | (855)005 6820 |
| Carlson, Nancy | Counseling Toward Hope | 710 Burlington Holdrege NB 68949 | (308)995-6691 | (855)995-6830 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educ ent - Individual; Adult Non-Residential Services Outpatient - C | | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Indivivivies Substance Abuse Evaluations; Juvenile Non-Residentia | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Outpatient - C Non-Residential Services Partial Care; Adult Residential Serv al Services Short Term Residential | o-Occurring Treatment; Adult | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Health netensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer Mediation; Outpatient Therapy - Individual-Mental Health | th; Intensive Outpation the In | ent: Intensive ssessment (Medicaid) |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic 5 Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpati | ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se itus Exam (MSE); Assessment: Psychological Evaluation; Assessment | ealth; Outpatient The kually Harm; Assess | erapy - Youth Who ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpat | | dult Non-Residential vices Intervention/Ec on-Residential Servi | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | ccurring | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| NameAgencyAddressPhone | Fax | |
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Juvenile Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Brandyberry, Kyle | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential S es Substance Abuse I n-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Individual-Mental Health | | |
| | | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Disorder; Day Treatment Day Treatment-Mental H | ental Health; Outpatient Therapy including Family Sessions-Mental He Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess Therapy India in Martal Health | | |
| Other Services: | Treatment: Anger Management Class; Outpatient Sliding Fee Scale; | Therapy - Individual-Mental Health | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Met | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | dult Non-Residential S es Substance Abuse I n-Residential Services g Treatment; Juvenile | ervices Outpatient - Evaluations; Juvenile Outpatient - Family Non-Residential |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Adul ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental H ig; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se itus Exam (MSE); Assessment: Psychological Evaluation; Assessme | lealth; Outpatient The exually Harm; Assess | erapy - Youth Who ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | • | dult Non-Residential | Services Outpatient ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental H | lealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental H Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess t Therapy - Individual-Mental Health | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | Abuse Evaluations; | Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | | |
| | Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpati | ental Health; Outpatient Therapy including Family Sessions-Mental H Ig; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se Intus Exam (MSE); Assessment: Psychological Evaluation; Assessme ient Therapy - Individual-Mental Health | xually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|--|---|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Adult Residential Servi | al; Adult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult F Assessment Services Substance Abuse Evaluati Monitoring SA/MH; Juvenile Non-Residential Ser | ssessment Services Substance Abuse Evaluations; Adult Non-R SA/MH; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-O Residential Services Dual Residential (MH/SA); Adult Residential ions; Juvenile Non-Residential Services Intervention/Education; vices Outpatient - Groups; Juvenile Non-Residential Services O esidential Services Outpatient - Co-Occurring Treatment; Juvenil | ult Non-Residential Servi ccurring Treatment; Adult Services Short Term Res Juvenile Non-Residential utpatient - Family; Juvenil | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Men ensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Co-Occurring; Non-Tre | ntensive Outpatient: Inter | sive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic | valuations; Adult Non-Residential Services Intervention/Educatio es Outpatient - Groups; Adult Non-Residential Services Outpatie rvices Outpatient - Co-Occurring Treatment; Adult Non-Resident | ent - Family; Adult Non-Re | esidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Sliding Fee Scale; Bilingual Services; | | | |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Community Treatment Aide; Non-Treatment: Far | nily Support Worker | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Glesinger, Kayla | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-0 Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juven | ssessment Services Substance Abuse Evaluations; Adult No ups; Adult Non-Residential Services Outpatient - Family; Adu Occurring Treatment; Adult Non-Residential Services Intensiv ervices Substance Abuse Evaluations; Juvenile Non-Residential le Non-Residential Services Outpatient - Family; Juvenile No Co-Occurring Treatment; Juvenile Non-Residential Services In | It Non-Residential Services Out re Outpatient Treatment; Adult I tial Services Intervention/Educa n-Residential Services Outpatio | patient - Individual; Residential Services tion; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-N py-Co-occurring; Assessment: Co-Occurring; Outpatient Ther | | py - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residenti Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outp rvices Outpatient - Co-Occurring Treatment; Adult Non-Reside Evaluations; Juvenile Non-Residential Services Intervention al Services Outpatient - Groups; Juvenile Non-Residential Se enile Non-Residential Services Outpatient - Co-Occurring Tre | atient - Family; Adult Non-Residential Services Intensive Outpa /Education; Juvenile Non-Residervices Outpatient - Family; Juvenile Non-Resident atment; Juvenile Non-Resident | dential Services ttient Treatment; lential Services enile Non- |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocia | | - · |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-N by-Mental Health; Day Treatment Day Treatment-Mental Hea Class; Non-Treatment: General Education Class; Outpatient | Ith; Assessment: Pre-Treatmen | t Assessment |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | | | | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juv Juvenile Non-Residential Services Outpatient - C | | vidual; Adult Non-Residential Se stance Abuse Evaluations; Juve | ervices Intensive enile Non- |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juv Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-M | ent - Family; Adult Non-Residential Services Outpatient - Indiv s Short Term Residential; Juvenile Assessment Services Sub enile Non-Residential Services Outpatient - Family; Juvenile Co-Occurring Treatment | vidual; Adult Non-Residential So stance Abuse Evaluations; Juvo Non-Residential Services Outp Mental Health; Outpatient Thera | ervices Intensive enile Non- atient - Individual; py - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer Mediation; Outpatient Therapy - Individual-Mental Health | h; Intensive Outpatie nt: Pre-Treatment A | ent: Intensive ssessment (Medicaid) |
| Other Services: | | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-(ing; Non-Treatment: Intensive Family Preservation; Non-Treatment: A ndividual-Mental Health | Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | | | | |
| Larson, Beth | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Preservation | oy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) |); Non-Treatment: In | tensive Family |
| Other Services: | | | | |
| McNichols, Stephanie | | 422 N Hastings Ave, Suite 206 Hastings NB 68901 | (402)440-6496 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adult ont - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen | ental Health; Outpatient Therapy including Family Sessions-Mental He ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inten Exam (MSE); Out-0 | sive Outpatient)f-Home: Foster Care |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Community Treatment Aide; Intensive O Disorder; Intensive Outpatient: Intensive Outpatie Exam (MSE); Contracted Services: Tracker; Con (Except Douglas County); Non-Treatment: Intensive | ental Health; Outpatient Therapy including Family Sessions-Mental He Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Ou ent Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (tracted Services: Electronic Monitoring; Non-Treatment: Family Supp sive Family Preservation; Non-Treatment: Supervised Visitation; Non- Anger Management Class; Non-Treatment: General Education Class; | tpatient: Intensive O Medicaid); Assessm ort Worker; Non-Tre Treatment: Day Rep | utpatient- Eating ent: Mental Status atment: Tracker orting; Non- |
| Other Services: | Bilingual Services; | | | |
| Morrow, Laurie | Oasis Counseling International | 221 W Douglas O'Neill NB 68763 | (402)379-2030 | |
| Substance Abuse Services: | Adult Non-Residential Services Intervention/Edu | cation; Adult Non-Residential Services Outpatient - Groups | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Community Treatment Aide; Non-Treatment: Far | nily Support Worker; Non-Treatment: Supervised Visitation | | |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | Adult Non-Residential Services Outpatient - Indiv Halfway-House | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor ridual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I ervation; Outpatient Therapy - Individual-Mental Health | Health; Outpatient The | erapy - Eating |
| Other Services: | | | | |
| Pelster-Hess, Brooke | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In Short Term Residential | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A s Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Groups; Juvenile Non-R ndividual; Juvenile Non-Residential Services Intensive Outpatient Tr | Adult Non-Residential Abuse Evaluations; J esidential Services O | Services Intensive uvenile Non- utpatient - Family; |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I by-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - Ir | | |
| Other Services: | | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Non-Residential Services Outpatient - Family; Ac Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Resid dult Non-Residential Services Outpatient - Individual; Adult Non-Res sive Outpatient Treatment; Adult Residential Services Short Term R sidential Services Outpatient - Groups; Juvenile Non-Residential Ser enile Non-Residential Services Outpatient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring; Psychological Evaluation | idential Services Outr esidential; Juvenile A vices Outpatient - Fa | atient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental I by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid ient: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schawang-Smith, Kim | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; / atment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | ensis etablization, outpution, morapy, no mo | anion / lococonion (loc poyonobooldi), oo ooduning | | |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Sotelo, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; <i>J</i> Services Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential ices Substance Abuse on-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring; Assessment: P | re-Treatment Assessn | nent (Medicaid) |
| Other Services: | Bilingual Services; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N idividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential ices Substance Abuse on-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Adu | Its who Sexually Harn | n Evaluation |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | Health; Community Tr | eatment Aide; |
| Other Services: | Sliding Fee Scale; | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; <i>J</i> Services Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N idividual; Juvenile Non-Residential Services Outpatient - Co-Occurri (bio-psychosocial); Co-Occurring | Adult Non-Residential ices Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental I by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | Therapy - Individual-Mental Health Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; A ant - Family; Adult Non-Residential Services Outpatient - Individual; / | | |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Pre-Treat | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co- ual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Wright, Chad | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Assepsychosocial); Adults who Sexually Harm Evalua | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW tion | SH); Pre-Treatment | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient: Intensive Outpatient Therapy-Youth V | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Com Who Sexually Harm; Assessment: Pre-Treatment Assessment (Med e Family Preservation; Outpatient Therapy - Individual-Mental Healt | icaid); Assessment: J | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |

| Name | Agency | Address | Phone | Fax |
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| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services. | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assess | ndividual; Adult Non-Residential ment Services Substance Abuse | Services Outpatient - Evaluations; Juvenil |
| Mental Health Services: | | ndividual; Juvenile Non-Residential Services Outpatient - (| | |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medic | ndividual; Juvenile Non-Residential Services Outpatient - (| Co-Occurring Treatment; Juvenil | e Non-Residential |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | dividual; Juvenile Non-Residential Services Outpatient - ((bio-psychosocial) ental Health; Outpatient Therapy including Family Session | Co-Occurring Treatment; Juvenil | e Non-Residential |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medic | dividual; Juvenile Non-Residential Services Outpatient - ((bio-psychosocial) ental Health; Outpatient Therapy including Family Session | Co-Occurring Treatment; Juvenil | e Non-Residential |
| Juvenile Services: Other Services: Stermensky, Dr. Gage | Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Ma Assessment: Pre-Treatment Assessment (Medic Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Intensi | dividual; Juvenile Non-Residential Services Outpatient - ((bio-psychosocial) ental Health; Outpatient Therapy including Family Session aid); Outpatient Therapy - Individual-Mental Health 1811 Avenue A Scottsbluff NB 69361 raluations; Adult Non-Residential Services Outpatient - Gr ive Outpatient Treatment; Juvenile Assessment Services | Co-Occurring Treatment; Juvenil s-Mental Health; Outpatient The (417)413-0085 oups; Adult Non-Residential Ser | erapy - Co-occurring; (308)832-4844 vices Outpatient - |
| Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medic Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | dividual; Juvenile Non-Residential Services Outpatient - ((bio-psychosocial) ental Health; Outpatient Therapy including Family Session aid); Outpatient Therapy - Individual-Mental Health 1811 Avenue A Scottsbluff NB 69361 raluations; Adult Non-Residential Services Outpatient - Gr | Co-Occurring Treatment; Juvenil s-Mental Health; Outpatient The (417)413-0085 oups; Adult Non-Residential Ser Substance Abuse Evaluations; J | erapy - Co-occurring; (308)832-4844 vices Outpatient - luvenile Non- |
| Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: Mental Health Services: | Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medic Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | dividual; Juvenile Non-Residential Services Outpatient - ((bio-psychosocial) ental Health; Outpatient Therapy including Family Session aid); Outpatient Therapy - Individual-Mental Health <u>1811 Avenue A Scottsbluff NB 69361</u> raluations; Adult Non-Residential Services Outpatient - Gr ive Outpatient Treatment; Juvenile Assessment Services le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Ha ental Health; Outpatient Therapy including Family Session g; Intensive Outpatient: Intensive Outpatient Therapy-You atus Exam (MSE); Assessment: Psychological Evaluation; | Co-Occurring Treatment; Juvenil s-Mental Health; Outpatient The (417)413-0085 oups; Adult Non-Residential Ser Substance Abuse Evaluations; J urm Evaluation; Psychological Ev s-Mental Health; Outpatient The th Who Sexually Harm; Assessr | le Non-Residential erapy - Co-occurring; (308)832-4844 vices Outpatient - luvenile Non- valuation erapy - Youth Who ment: Pre-Treatment |

| Name | Agency | Address | Phone | Fax |
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| Coghlan, Kayla | Clearwater Counseling | 1811 W 2nd Street Suite 235 Grand Island NB 68803 | (402)657-9881 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | 0 | Adult Non-Residential rvices Intervention/Ec | Services Outpatient lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | , | | |
| | Assessment: Mental Status Exam (MSE); Outpat | ient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kissack, Cynthia | Cynthia Kissack Counseling | 2517 S August Grand Island NB 68801 | (308)379-8619 | (308)385-5271 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | by-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating Pre-Treatment Assessment (Medicaid); Assessment: Mental Status B | | utpatient: Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessm sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatme Mediation; Outpatient Therapy - Individual-Mental | alth; Intensive Outpationent: Pre-Treatment A | ent: Intensive ssessment (Medicai |

| Name | Agency | Address | Phone | Fax |
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| | Health | | ŀ | 1 |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensit: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy | sive Outpatient: Inter s Exam (MSE); Out-0 | sive Outpatient Df-Home: Foster Care |
| Other Services: | | | | |
| Rowe, Leisa | Leisa Rowe Counseling | 908 N. Howard Ave, Suite 102 Grand Island NB 68803 | (308)398-6050 | (308)398-6051 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Individual; Adult Non-Residential Services Outpatient | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Snitchler, Eric Substance Abuse Services: | | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog | jical Evaluation | . , |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Assessment: | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Psychological Evaluation; | jical Evaluation py - Co-occurring; As | ssessment: Pre- |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Assessment: Risk Assessment; Outpatient Therapy - Individua | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Psychological Evaluation; | jical Evaluation py - Co-occurring; As | ssessment: Pre- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Mental Health Intensive Mar Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Assessment: Risk Assessment; Outpatient Therapy - Individua | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Psychological Evaluation; | jical Evaluation py - Co-occurring; As | ssessment: Pre- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Outpatient Therapy; Mental Health Intensive Mar Outpatient Therapy including Family Sessions-M Treatment Assessment (Medicaid); Assessment: Risk Assessment; Outpatient Therapy - Individua Behavioral Health Specialist/Seekers of <u>Serenity</u> Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Psychological Evaluation; Il-Mental Health | jical Evaluation py - Co-occurring; As Assessment: Juveni (402)370-3140 dult Non-Residential dult Non-Residential ces Substance Abuston-Residential Servic | Services Outpatient - Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Outpatient Therapy; Mental Health Intensive Mar Outpatient Therapy including Family Sessions-M Treatment Assessment (Medicaid); Assessment: Risk Assessment; Outpatient Therapy - Individua Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Psychological Evaluation; I-Mental Health 4432 Sunrise Place Columbus NB 68601 raluations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | jical Evaluation py - Co-occurring; As Assessment: Juveni (402)370-3140 dult Non-Residential dult Non-Residential ces Substance Abuston-Residential Servic | Services Outpatient - Services Outpatient - Services Outpatient - Sevices Outpatient - e Evaluations; Juvenil |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Mental Health Intensive Mar Outpatient Therapy including Family Sessions-M Treatment Assessment (Medicaid); Assessment: Risk Assessment; Outpatient Therapy - Individual Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential Services Outpatient Suon-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Met | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Psychological Evaluation; I-Mental Health 4432 Sunrise Place Columbus NB 68601 raluations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | gical Evaluation py - Co-occurring; As Assessment: Juveni (402)370-3140 dult Non-Residential dult Non-Residential ces Substance Abuston-Residential pon-Residential Servic ng Treatment; Juveni | Services Outpatient - Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential |

| Name | Agency | Address | | Phone | Fax |
|---------------------------|--|---|--|-----------------------|--|
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 6 | 68803 | (308)865-8738 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpa | nt - Family; Adult Non-Residential Service ervices Substance Abuse Evaluations; Juv I; Juvenile Non-Residential Services Outp | s Outpatient - Individual; Ao venile Non-Residential Serv | dult Non-Residential | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessmer | nt (bio-psychosocial); Co-O | ccurring | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Individu | al-Mental Health | | |
| Other Services: | | | | | |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Gran | nd Island NB 68803 | (308)384-4405 | (308)339-0962 |
| | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Co-Occurring | nt - Family; Adult Non-Residential Service ervices Substance Abuse Evaluations; Juv venile Non-Residential Services Outpatie | s Outpatient - Individual; Ao venile Non-Residential Serv | dult Non-Residential | Services Outpatient ducation; Juvenile |
| | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | | Family Sessions-Mental He | ealth; Outpatient The | erapy - Co-occurring |
| Other Services: | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu rices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dunham, Sarah | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential æs Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: ent: Intensive Family Preservation; Outpatient Therapy - Individual-Me | | t Therapy-Mental |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Other Services: | - | | | |

| Name | Agency | Address | Phone | Fax |
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| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residentia es Substance Abus n-Residential Servic | I Services Outpatient - e Evaluations; Juvenile ces Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient Th | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Ou | enile Assessment |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services | | | | |

Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment Assessment (biopsychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation

Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment; Outpatient Therapy - Individual-Mental Health

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy - | Individual-Mental H | ealth |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Eberle, Jeremy | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ed Residential Services (| Services Outpatient ucation; Juvenile Dutpatient - Individua |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | Occurring; Psychologi | cal Evaluation |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medic | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol | | |
| Other Services: | Occurring; Outpatient Therapy - Individual-Menta | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Manufal Handida Oran Sarah | Dro Trootmant Accomment (his newshacesial), | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | Addits who Sexually Harm Evaluation, Esychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Juvenile Services: | | , , , , | al Evaluation; Assess | ment: Juvenile Who |
| | Outpatient Therapy - Youth Who Sexually Harm; | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Juvenile Services: Other Services: | Outpatient Therapy - Youth Who Sexually Harm; | , , , , | al Evaluation; Assess (402)429-1050 | ment: Juvenile Who |
| Juvenile Services: Other Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | | ment: Juvenile Who |
| Juvenile Services: Other Services: Jones, James | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | | ment: Juvenile Who |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center | Assessment: Mental Status Exam (MSE); Assessment: Psychologica PO Box 22746 Lincoln NB 68542 | | ment: Juvenile Who |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy | Assessment: Mental Status Exam (MSE); Assessment: Psychologica PO Box 22746 Lincoln NB 68542 | | ment: Juvenile Who |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | Assessment: Mental Status Exam (MSE); Assessment: Psychologica PO Box 22746 Lincoln NB 68542 | | ment: Juvenile Who (402)715-5452 |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Koch, Lori | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential; Jus Residential Services Short Term Residential; Jus | Assessment: Mental Status Exam (MSE); Assessment: Psychologic: PO Box 22746 Lincoln NB 68542 General Education Class | (402)429-1050 (402)715-5451 Adult Non-Residential Jual Residential (MH Non-Residential Serv ly; Juvenile Non-Resi | (402)715-5452 Services Outpatient Services Outpatient (SA); Adult ices Care Monitoring dential Services |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Koch, Lori Substance Abuse Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential; Jus SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential | Assessment: Mental Status Exam (MSE); Assessment: Psychologic: PO Box 22746 Lincoln NB 68542 General Education Class 5217 S 28th St Omaha NB 68107 valuations; Adult Non-Residential Services Care Monitoring SA/MH; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient Treatment; Adult Residential Services Intensive Substance Abuse Evaluations; Juvenile I atient - Groups; Juvenile Non-Residential Services Outpatient - Famil Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Famil | (402)429-1050 (402)715-5451 Adult Non-Residential Jual Residential (MH Non-Residential Serv ly; Juvenile Non-Resi | (402)715-5452 Services Outpatient Services Outpatient (SA); Adult ices Care Monitoring dential Services |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Other Services: Koch, Lori Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Residential Services Short Term Residential; Jux SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologic: PO Box 22746 Lincoln NB 68542 General Education Class 5217 S 28th St Omaha NB 68107 valuations; Adult Non-Residential Services Care Monitoring SA/MH; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient Treatment; Adult Residential Services Intensive Substance Abuse Evaluations; Juvenile I atient - Groups; Juvenile Non-Residential Services Outpatient - Famil Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Famil | (402)429-1050 (402)715-5451 Adult Non-Residential Jual Residential (MH Non-Residential Serv ly; Juvenile Non-Resi | (402)715-5452 Services Outpatient Services Outpatient (SA); Adult ices Care Monitoring dential Services |

| Name | Agency | Address | Phone | Fax | |
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| Name | Agency | Address | THONE | Ιαλ | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessment: Pre-Treatment Assessment (Medic Assessment: Mental Status Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatment: Anger Management Class; Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | | | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Youth Who Sexual | y Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; P | sychological Evaluat | ion | |
| | Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | ogical Evaluation; As | sessment: Juvenile | |
| Other Services: | | | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 | |
| Substance Abuse Services: | | | | | |
| | | | | | |
| Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Trea | atment Assessment (bio-psychosocial); Adults who Sexually Harm Eva | aluation; Psychologic | al Evaluation | |
| Mental Health Services: Juvenile Services: | | atment Assessment (bio-psychosocial); Adults who Sexually Harm Eva | aluation; Psychologic | cal Evaluation | |
| Juvenile Services: | | atment Assessment (bio-psychosocial); Adults who Sexually Harm Eva | aluation; Psychologic | cal Evaluation | |
| Juvenile Services: | | atment Assessment (bio-psychosocial); Adults who Sexually Harm Eva 4432 Sunrise Place Columbus NB 68601 | aluation; Psychologio (402)370-3140 | cal Evaluation | |
| Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | 4432 Sunrise Place Columbus NB 68601 valuations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | (402)370-3140 ult Non-Residential S dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Services Outpatient PEvaluations; Juveni So Outpatient - Famil | |
| Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | 4432 Sunrise Place Columbus NB 68601 valuations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | (402)370-3140 ult Non-Residential S dult Non-Residential es Substance Abuse n-Residential Service g Treatment; Juvenil | Services Outpatient - Services Outpatient - Evaluations; Juvenil es Outpatient - Family e Non-Residential | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---------------------------------|
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (| MH/SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocia | il) | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| | psychosocial); Adults who Sexually Harm Ev. Outpatient Therapy including Group Session Sexually Harm; Outpatient Therapy - Eating I | Assessment (PTA); Juvenile Youth Who Sexually Harm Evalu aluation; Psychological Evaluation s-Mental Health; Outpatient Therapy including Family Sessior Disorder; Assessment: Pre-Treatment Assessment (Medicaid ssment: Juvenile Who Sexually Harm Risk Assessment; Outp | ns-Mental Health; Outpatient Th); Assessment: Mental Status E | erapy - Youth Who xam (MSE); |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| | Pre-Treatment Assessment (bio-psychosocial); C | valuations; Juvenile Assessment Services Substance Abuse Eval Co-Occurring; Adults who Sexually Harm Evaluation | luations | |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Treatment; Juvenile Assessment Sen Residential Services Intensive Outpatient Treatm Outpatient Therapy | valuations; Adult Non-Residential Services Outpatient - Individual vices Substance Abuse Evaluations; Juvenile Non-Residential Se nent | | |
| Dunlop, Terry | Counseling and Enrichment Center | 118 N 5th Street O'Neill NB 68763 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Ment Pre-Treatment Assessment (Medicaid); Non-Treatment: Anger N | | |
| | | | (200) 207 0004 | (000)700 7450 |
| Eigenberg, Amy | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| Substance Abuse Services. | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Educatior nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Intervention/Education; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | ccurring Treatment; Juve Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | aluation | |
| Juvenile Services: | | lental Health; Outpatient Therapy - Youth Who Sexually Harm; O nent: Mental Status Exam (MSE); Assessment: Juvenile Who Sex ental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I Health; Assessment: Pre-Treatment Assessment (Medicaid); Asses It Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychologie | al Evaluation; Assess | sment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Other Services. | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpaties | valuations; Adult Non-Residential Services Care Monitoring SA/MH; ent - Family; Adult Non-Residential Services Outpatient - Individual; , Services Intensive Outpatient Treatment; Adult Residential Services venile Assessment Services Substance Abuse Evaluations; Juvenile atient - Groups; Juvenile Non-Residential Services Outpatient - Fam Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential | Adult Non-Residential Dual Residential (MH Non-Residential Serv ily; Juvenile Non-Res | Services Outpatient //SA); Adult vices Care Monitoring idential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | tpatient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | · · · · · · | | |
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| Name | Agency | Address | Phone | Fax |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri on-Residential Services Partial Care; Adult Residential Services Dual Services Short Term Residential | ng Treatment; Adult | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer Mediation; Outpatient Therapy - Individual-Mental Health | h; Intensive Outpation nt: Pre-Treatment A | ent: Intensive ssessment (Medicaid |
| Other Services: | | | | |
| McNichols, Stephanie | | 422 N Hastings Ave, Suite 206 Hastings NB 68901 | (402)440-6496 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Rivera, Elia | | 312 North Elm Street Grand Island NB 68801 | (308)383-2208 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 0 | dult Non-Residential vices Intervention/Ec | Services Outpatient ucation; Juvenile |
| | | ental Health; Outpatient Therapy - Co-occurring; Non-Treatment: Ang | er Management Cla | ss; Outpatient Therap |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Schroeder, Ashley | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Assessment Services Substance Abuse Evaluations; Juvenile No amily; Juvenile Non-Residential Services Outpatient - Individual; Jur al Services Intensive Outpatient Treatment | rring Treatment; Adult n-Residential Services | Non-Residential Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | | rapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; , Services Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial) | Adult Non-Residential ices Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental I aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient The | rapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Se t; Juvenile Non-Residential Services Outpatient - Groups; Juvenile tient - Individual | Adult Non-Residential rvices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | , | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | Occurring | |
| Juvenile Services: Other Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |

| Name | Agency | Address | Phone | Fax | |
|-------------|---|--|------------------------|---------------------|--|
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Coutpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - Sliding Fee Scale; | ental Health; Outpatient Therapy including Family Sessions-Mental He Individual-Mental Health | alth; Outpatient Thera | apy - Co-occurring; | |

| Name | Agency | Address | Phone | Fax |
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| Bear, Angela | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | Adult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment | | | <u></u> |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental Hoy-Mental Health; Assessment: Pre-Treatment Assessment (Medicai | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brandyberry, Kyle | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | Adult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid Individual-Mental Health | lealth; Outpatient The); Assessment: Ment | erapy - Co-occurring; al Status Exam (MSE); |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Chamness, Kristin | Ogallala Counseling PC | 103 East 10th St Ogallala NB 69153 | (308)284-6519 | (308)284-6513 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inter | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Disorder; Day Treatment Day Treatment-Mental I Treatment: Anger Management Class; Outpatient | ental Health; Outpatient Therapy including Family Sessions-Mental H Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess t Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Educ es Outpatient - Groups; Adult Non-Residential Services Outp rvices Outpatient - Co-Occurring Treatment; Juvenile Assess iducation; Juvenile Non-Residential Services Care Monitoring ervices Outpatient - Family; Juvenile Non-Residential Service | patient - Family; Adult Non-Res sment Services Substance Ab g SA/MH; Juvenile Non-Reside | sidential Services use Evaluations; ential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Disorder; Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy including Family Sessions-I Health | Mental Health; Outpatient The | rapy - Eating |
| Other Services: | Sliding Fee Scale; | | | |
| Hill, Jenee | Lotus Counseling LLC | 109 E 2nd St Suite 3 North Platte NB 69103 | (308)221-5100 | (308)221-5100 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | | vidual; Adult Non-Residential ential Services Intervention/Edu | Services Outpatient - ucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| linianila Cardese | Outpotiont Thereny including Crown Cossions M. | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-I sessment: Pre-Treatment Assessment (Medicaid); Assessme | | |
| Juvenile Services: Other Services: | | sessment: Pre-Treatment Assessment (Medicaid); Assessme | | |
| | Disorder; Outpatient Therapy - Co-occurring; Ass | sessment: Pre-Treatment Assessment (Medicaid); Assessme | | |
| Other Services: | Disorder; Outpatient Therapy - Co-occurring; Ass Occurring; Outpatient Therapy - Individual-Menta | sessment: Pre-Treatment Assessment (Medicaid); Assessme al Health | ent: Mental Status Exam (MSE | |
| Other Services: Jones, James | Disorder; Outpatient Therapy - Co-occurring; Ass Occurring; Outpatient Therapy - Individual-Menta Community Justice Center | sessment: Pre-Treatment Assessment (Medicaid); Assessme al Health | ent: Mental Status Exam (MSE | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Disorder; Outpatient Therapy - Co-occurring; Ass Occurring; Outpatient Therapy - Individual-Menta Community Justice Center | sessment: Pre-Treatment Assessment (Medicaid); Assessme al Health PO Box 22746 Lincoln NB 68542 | ent: Mental Status Exam (MSE | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass Occurring; Outpatient Therapy - Individual-Menta Community Justice Center Outpatient Therapy | sessment: Pre-Treatment Assessment (Medicaid); Assessme al Health PO Box 22746 Lincoln NB 68542 | ent: Mental Status Exam (MSE | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass Occurring; Outpatient Therapy - Individual-Menta Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | sessment: Pre-Treatment Assessment (Medicaid); Assessme al Health PO Box 22746 Lincoln NB 68542 | ent: Mental Status Exam (MSE | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Disorder; Outpatient Therapy - Co-occurring; Ass Occurring; Outpatient Therapy - Individual-Menta Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir | sessment: Pre-Treatment Assessment (Medicaid); Assessme al Health PO Box 22746 Lincoln NB 68542 General Education Class | ent: Mental Status Exam (MSE (402)429-1050 (402)370-3140 ation; Adult Non-Residential S vidual; Adult Non-Residential S ent Services Substance Abuse venile Non-Residential Service | E); Assessment: Co- Gervices Outpatient - Services Outpatient - Evaluations; Juvenile So Outpatient - Family |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Disorder; Outpatient Therapy - Co-occurring; Ass Occurring; Outpatient Therapy - Individual-Menta Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | Sessment: Pre-Treatment Assessment (Medicaid); Assessment al Health PO Box 22746 Lincoln NB 68542 General Education Class 4432 Sunrise Place Columbus NB 68601 /aluations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Indi Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co- | ent: Mental Status Exam (MSE (402)429-1050 (402)370-3140 ation; Adult Non-Residential S vidual; Adult Non-Residential S ent Services Substance Abuse venile Non-Residential Service | E); Assessment: Co- Gervices Outpatient - Services Outpatient - Evaluations; Juvenile So Outpatient - Family |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: | Disorder; Outpatient Therapy - Co-occurring; Ass Occurring; Outpatient Therapy - Individual-Menta Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatie Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Met | Sessment: Pre-Treatment Assessment (Medicaid); Assessment al Health PO Box 22746 Lincoln NB 68542 General Education Class 4432 Sunrise Place Columbus NB 68601 /aluations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Indi Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co- | (402)429-1050 (402)370-3140 (402)370-3100 (402)370-3100 (402)370-3100 (402)370-3100 (402)370-3100 (4 | E); Assessment: Co- Services Outpatient - Services Outpatient - Evaluations; Juvenil es Outpatient - Family e Non-Residential |

| Name | Agency | A | ddress | Phone | Fax |
|---------------------------|--|---|---|-----------------------|----------------------|
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsblu | uff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Adult Assessment Services Substance Abuse B Individual; Adult Non-Residential Services Inter Residential Services Outpatient - Groups; Juve Outpatient Therapy; Pre-Treatment Assessmer | nsive Outpatient Treatment; Juve nile Non-Residential Services O | enile Assessment Services Substance utpatient - Individual | ce Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-I Sexually Harm; Outpatient Therapy - Co-occurr Assessment (Medicaid); Assessment: Mental S Assessment; Assessment: Co-Occurring; Outp | ing; Intensive Outpatient: Intens tatus Exam (MSE); Assessment | ive Outpatient Therapy-Youth Who S : Psychological Evaluation; Assessn | Sexually Harm; Assess | sment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | | |
| Sukup, Jennifer | First Step to Freedom | 516 North Dewey, suite 1 | North Platte NB 69101 | (308)660-3257 | (800)616-0783 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | Evaluations; Juvenile Assessmer | nt Services Substance Abuse Evalua | ations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmer | nt (bio-psychosocial); Co-Occurri | ng; Adults who Sexually Harm Evalu | uation | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Med Assessment: Co-Occurring | icaid); Assessment: Mental Statu | us Exam (MSE); Assessment: Juven | ile Who Sexually Harn | n Risk Assessment; |
| Other Services: | - | | | | |

Registered Service Providers for County: Keya Paha

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|--|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - exoutpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educat al Services Outpatient - Groups; Juvenile Non-Residential Services C enile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re ervices Intensive Out ion; Juvenile Non-Res Dutpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | - | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Day Treatment Day Treatment-Mental Health; Asso Class; Non-Treatment: General Education Class; Outpatient Therapy | essment: Pre-Treatme | ent Assessment |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; | General Education Class | | |

Registered Service Providers for County: Keya Paha

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inter Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inten Exam (MSE); Out-C | sive Outpatient Df-Home: Foster Care |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor vidual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ar Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ar tment Assessment (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental Hessessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-O | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residenti ducation; Juvenile Non-Residential Services Care Monitoring SA ervices Outpatient - Family; Juvenile Non-Residential Services O uvenile Non-Residential Services Intensive Outpatient Treatment | nt - Family; Adult Non-Res al Services Intensive Outp /MH; Juvenile Non-Reside utpatient - Individual; Juve | idential Services atient Treatment; ntial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Intensive Outpatient: Intensive Outpatient Therap Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Ment by-Mental Health; Intensive Outpatient: Intensive Outpatient Ther | | |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | | 921 W 36th st Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual vices Outpatient - Individual | ; Juvenile Assessment Ser | vices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Ment | | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | aid); Assessment: Co-Occurring; Outpatient Therapy - Individual- | wental Health | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Ment | | e-Treatment |
| Other Services: | Assessment (Medicaid); Non-Treatment: Intensiv Sliding Fee Scale; | e Family Preservation; Outpatient Therapy - Individual-Mental He | ealth | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education nt - Individual; Juvenile Assessment Services Substance Abuse Services Outpatient - Groups; Juvenile Non-Residential Services | Evaluations; Juvenile Non- | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Th | erapy - Co-occurring; Asse | essment: Pre- |
| Other Cordena | | Co-Occurring; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Intervention/Education; A tient - Co-Occurring Treatment; Juvenile Assessment Services Subsenile Non-Residential Services Outpatient - Individual; Juvenile Non- | stance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmeter (PTA); Juvenile Co-Occurring Evaluation (C/O); PTA); Juvenile Co-Occurring Evaluation (C/O); PTA); Juvenile Co-Occurring Evaluation (C/O); PTA); PTA); Juvenile Co-Occurring Evalu | nent Assessment (bio | -psychosocial); Co- |
| | Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | reatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Estrada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluat | ions | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmeter (PTA); Pre-Treatmeter (PTA); Pre-Treatmeter (PTA); Pre | nent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | reatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Other Services. | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Jones, James Substance Abuse Services: Mental Health Services: | Community Justice Center | | (402)429-1050 | |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Community Justice Center Outpatient Therapy | | (402)429-1050 | |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | | (402)429-1050 | (308)633-2020 |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra | Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Community Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev | General Education Class 2122 Broadway Scottsbluff NB 69361 raluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Services Substance Abuse Evaluations; Juvenile Non-Residential Services Services Services Substance Abuse Evaluations; Juvenile Non-Residential Services Service | (308)225-4335 dult Non-Residential S | Services Outpatient - |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra Substance Abuse Services: | Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Copen Door Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | General Education Class 2122 Broadway Scottsbluff NB 69361 raluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Services Substance Abuse Evaluations; Juvenile Non-Residential Services Services Services Substance Abuse Evaluations; Juvenile Non-Residential Services Service | (308)225-4335 dult Non-Residential S rvices Outpatient - Inc | Services Outpatient - dividual; Juvenile No |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra Substance Abuse Services: Mental Health Services: | Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: C Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Juvenile Pre-Treatment Asso Occurring Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatment | General Education Class 2122 Broadway Scottsbluff NB 69361 raluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Treatment | (308)225-4335 dult Non-Residential S rvices Outpatient - Ind nent Assessment (bio Health; Outpatient The id); Assessment: Men Non-Treatment: Tutori | Services Outpatient - dividual; Juvenile No -psychosocial); Co- erapy - Co-occurring tal Status Exam ng; Non-Treatment: |

| Name | Agency | Address | Phone | Fax |
|----------------------|--|--|---|--|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | Abuse Evaluations; | Juvenile Non- |
| | Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpati | ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessme ent Therapy - Individual-Mental Health | xually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|--|---|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; / Services Intensive Outpatient Treatment; Adult Residential Services | Adult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services | ssessment Services Substance Abuse Evaluations; Adult Non-Resid SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non- nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur tesidential Services Dual Residential (MH/SA); Adult Residential Ser ons; Juvenile Non-Residential Services Intervention/Education; Juve vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- (bio-psychosocial); Co-Occurring | Non-Residential Servio rring Treatment; Adult vices Short Term Res enile Non-Residential tient - Family; Juvenil | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Co-occurring; Assessment: Pre-Treatme Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Interent Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatment | sive Outpatient: Inten | sive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bender-Brummels, Jennifer | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; rvices Intervention/Education; Juvenile Non-Residential Services Ou dential Services Outpatient - Individual | Juvenile Assessment | Services Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy including Group Sessions-Me Mental Health Sliding Fee Scale: Bilingual Services: | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Co | -Occurring; Outpatien | t Therapy - Individual- |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|--|
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Intensi t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status rapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Intensive Outpati (Medicaid); Assessment: Mental Status Exam (MSE); Outpatient Th | | |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| DeWalt, Jennifer Substance Abuse Services: | | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| , | | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: | Outpatient Therapy | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy | 302 South 13 Street Norfolk NB 68701-4963 P.O. Box 281 Wayne NB 68787 | (402)649-8366 (402)518-0490 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dorcey, Alicia Substance Abuse Services: | Outpatient Therapy Grace Counseling Services, LLC. Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | P.O. Box 281 Wayne NB 68787 valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment | (402)518-0490 Jult Non-Residential S dult Non-Residential vices Intervention/Edu | Services Outpatient ucation; Juvenile |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dorcey, Alicia Substance Abuse Services: Mental Health Services: | Outpatient Therapy Grace Counseling Services, LLC. Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | P.O. Box 281 Wayne NB 68787 valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment (bio-psychosocial); Co-Occurring | (402)518-0490 Jult Non-Residential S dult Non-Residential vices Intervention/Ed Residential Services C | Services Outpatien ucation; Juvenile Dutpatient - Individu |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dorcey, Alicia Substance Abuse Services: Mental Health Services: | Outpatient Therapy Grace Counseling Services, LLC. Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inter | P.O. Box 281 Wayne NB 68787 valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment | (402)518-0490 Jult Non-Residential S dult Non-Residential vices Intervention/Ed Residential Services C lealth; Outpatient The sive Outpatient: Intens | Services Outpatien ucation; Juvenile Dutpatient - Individu rapy - Eating sive Outpatient |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Gadeken, Angela | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations; Juvenile Assessment Services Substance Abuse Ex | valuations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | lental Health; Outpatient Therapy - Eating Disorder; Outpatient Services: Tracker; Contracted Services: Electronic Monitoring; N | | |
| Other Services: | | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residenti Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educati es Outpatient - Groups; Adult Non-Residential Services Outpat rvices Outpatient - Co-Occurring Treatment; Adult Non-Reside e Evaluations; Juvenile Non-Residential Services Intervention/E al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treat | tient - Family; Adult Non-Res ntial Services Intensive Outp ducation; Juvenile Non-Resi vices Outpatient - Family; Juv tment; Juvenile Non-Residen | idential Services atient Treatment; dential Services venile Non- |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | e e | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Me py-Mental Health; Day Treatment Day Treatment-Mental Health Class; Non-Treatment: General Education Class; Outpatient T | n; Assessment: Pre-Treatme | nt Assessment |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Individ s Short Term Residential; Juvenile Assessment Services Subst enile Non-Residential Services Outpatient - Family; Juvenile N Co-Occurring Treatment | dual; Adult Non-Residential S ance Abuse Evaluations; Juv | Services Intensive venile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Intensive Outpatient: Intensive Outpatient Therap Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Me py-Co-occurring; Assessment: Pre-Treatment Assessment (Me | | |
| | Sliding Fee Scale; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluatio | n | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychology | hological Evaluation; Assess | ment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessmer ; Juvenile Non-Residential Services Outpatient - Groups; Juve ndividual; Juvenile Non-Residential Services Outpatient - Co-C (bio-psychosocial); Co-Occurring | idual; Adult Non-Residential It Services Substance Abuse enile Non-Residential Service | Services Outpatient - Evaluations; Juvenile Soutpatient - Family |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Thera | ental Health; Outpatient Therapy including Family Sessions-M by-Mental Health; Intensive Outpatient: Intensive Outpatient T ing; Non-Treatment: Intensive Family Preservation; Non-Trea ndividual-Mental Health | herapy-Co-occurring; Assess | ment: Pre-Treatment |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inter Therapy-Youth Who Sexually Harm; Assessmen | ental Health; Outpatient Therapy including Family Sessions-M ensive Outpatient: Intensive Outpatient Therapy-Mental Health t: Pre-Treatment Assessment (Medicaid); Assessment: Menta gency Supported); Out-Of-Home: Respite Care; Outpatient Th | n; Intensive Outpatient: Intens I Status Exam (MSE); Out-O | sive Outpatient f-Home: Foster Care |
| | | | | |

Other Services:

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocia | l) | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Assessme reatment: Anger Management Class; Outpatient Therapy - In | | ent (Medicaid); Non- |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-M | | |
| Other Services | Disorder; Intensive Outpatient: Intensive Outpatie Exam (MSE); Contracted Services: Tracker; Con (Except Douglas County); Non-Treatment: Intensi | Outpatient: Intensive Outpatient Therapy-Mental Health; Inten ent Therapy-Co-occurring; Assessment: Pre-Treatment Asses tracted Services: Electronic Monitoring; Non-Treatment: Fami ive Family Preservation; Non-Treatment: Supervised Visitatio Anger Management Class; Non-Treatment: General Education | ssment (Medicaid); Assessm ily Support Worker; Non-Tre on; Non-Treatment: Day Rep | ent: Mental Status atment: Tracker orting; Non- |
| | - | | (400)074 7040 | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; A ridual; Adult Non-Residential Services Outpatient - Co-Occurr | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Disorder; Non-Treatment: Intensive Family Prese | ental Health; Outpatient Therapy including Family Sessions-Mervation; Outpatient Therapy - Individual-Mental Health | lental Health; Outpatient The | erapy - Eating |
| Other Services: | | | | |

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Registered Service Providers for County: Knox

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|--|
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res | ssessment Services Substance Abuse Evaluations; Adult Non-Reside lult Non-Residential Services Outpatient - Individual; Adult Non-Reside sive Outpatient Treatment; Adult Residential Services Short Term Re- sidential Services Outpatient - Groups; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatment; | ential Services Outp sidential; Juvenile As ices Outpatient - Far | atient - Co-Occurring sessment Services nily; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) ent: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp | venile Assessment | Services Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | raluations; Adult Non-Residential Services Intervention/Education; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No individual; Juvenile Non-Residential | dult Non-Residential es Substance Abuse | Services Outpatient - Evaluations; Juvenile |

Registered Service Providers for County: Knox

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|---|---|--|--|--|
| | Services Outpatient - Co-Occurring Treatment; | Juvenile Non-Residential Services Intensive Outpatient Treatmer | nt | • | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmer | nt (bio-psychosocial); Co-Occurring | | | | |
| | Intensive Outpatient: Intensive Outpatient Thera Therapy - Individual-Mental Health | Mental Health; Outpatient Therapy including Family Sessions-Mer apy-Co-occurring; Assessment: Pre-Treatment Assessment (Med | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 | | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servi Outpatient - Individual; Adult Non-Residential S Juvenile Non-Residential Services Intervention | Evaluations; Adult Non-Residential Services Intervention/Education ices Outpatient - Groups; Adult Non-Residential Services Outpatie services Outpatient - Co-Occurring Treatment; Juvenile Assessme /Education; Juvenile Non-Residential Services Outpatient - Group ttpatient - Individual; Juvenile Non-Residential Services Outpatien | ent - Family; Adult Non-Re nt Services Substance Ab s; Juvenile Non-Residenti | sidential Services buse Evaluations; al Services Outpatien | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment As Occurring | ssessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tr | eatment Assessment (bio | -psychosocial); Co- | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-I | Mental Health; Outpatient Therapy including Family Sessions-Mer icaid); Assessment: Co-Occurring; Non-Treatment: Anger Manag al-Mental Health | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Wattier, Mary Rose | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | Evaluations; Adult Non-Residential Services Intervention/Educatio tient - Family; Adult Non-Residential Services Outpatient - Individu I Services Intensive Outpatient Treatment; Juvenile Assessment S n; Juvenile Non-Residential Services Outpatient - Groups; Juveni Individual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential Services Substance Abuse le Non-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family | | |
| Mental Health Services: | • | ssessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tr | eatment Assessment (bio | -psychosocial); Co- | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive O | urring patient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co- rring; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | - · · | | | | | |

| Name | Agency | Address | Phone | Fax |
|--|---|--|---|--|
| Allen, Jessica | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Residential Services Extended Residential; Adult Re | sidential Services S | hort Term Residential |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Allen, Jessica | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Residential Services Extended Residential; Adult Re | sidential Services S | hort Term Residential |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Arsiaga, Tina | Connecting Links | 421 S 9th St Ste 107 Lincoln NB 68508 | (402)310-3816 | (402)438-3204 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | aluations; Adult Non-Residential Services Intervention/Education; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Disorder; Outpatient Therapy - Co-occurring; Inte Eating Disorder; Intensive Outpatient: Intensive O Occurring; Non-Treatment: Anger Management O | ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens Dutpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assess Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Me | sive Outpatient: Inter sment (Medicaid); As | nsive Outpatient- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Arsiaga, Tina | Connecting Links | 421 S 9th St Ste 107 Lincoln NB 68508 | (402)310-3816 | (402)438-3204 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | aluations; Adult Non-Residential Services Intervention/Education; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir (bio-psychosocial); Co-Occurring | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Eating Disorder; Intensive Outpatient: Intensive O | ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intension Dutpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assess Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Me | sive Outpatient: Inter sment (Medicaid); As | nsive Outpatient- |

| Name | Agency | Address | Phone | Fax |
|-------------------------|--|--|---|--|
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| | | | (100)504.0040 | (400)504 0000 |
| Bailey, Frank | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | (402)504-3882 |
| | Groups; Adult Non-Residential Services Outpatien Substance Abuse Evaluations; Juvenile Non-Resi Residential Services Intensive Outpatient Treatme | | Freatment; Juvenile A | ssessment Services |
| | Outpatient Therapy; Co-Occurring; Adults who Se | , | | |
| | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Co-Occurri | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- ing; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bailey, Frank | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | (402)504-3882 |
| | Groups; Adult Non-Residential Services Outpatien | | Freatment; Juvenile A | ssessment Services |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Co-Occurri | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- ing; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (531)210-3020 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ec Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adus es Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient | Family; Adult Non-Re ervices Substance Ab l; Juvenile Non-Resid | sidential Services use Evaluations; lential Services |
| Mental Health Services: | Crisis Stabilization; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Mental H nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensent Assessment (Medicaid); Assessment: Mental Status Exam (MSE t Therapy - Individual-Mental Health | sive Outpatient: Inten | sive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (531)210-3020 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu so Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH; rvices Outpatient - Family; Juvenile Non-Residential Services Outpat tment Assessment (bio-psychosocial); Co-Occurring | amily; Adult Non-Re rvices Substance Ab ; Juvenile Non-Resid | sidential Services use Evaluations; ential Services |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ive Outpatient: Inten | sive Outpatient |
| Barrow, Denise | Jenda Family Services, LLC | 914 L Street Lincoln NB 68508 | (402)474-0011 | |
| | Outpatient Therapy; Co-Occurring Outpatient Therapy including Group Sessions-Me | ntal Health; Non-Treatment: Intensive Family Preservation | | |
| Barrow, Denise | Jenda Family Services, LLC | 914 L Street Lincoln NB 68508 | (402)474-0011 | |
| | Outpatient Therapy; Co-Occurring Outpatient Therapy including Group Sessions-Me | ntal Health; Non-Treatment: Intensive Family Preservation | | |
| Becker, Michael | Lancaster County Adult Drug Court | 605 S 10th Street Lincoln NB 68508 | (402)441-7616 | (402)759-3803 |
| | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ntal Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | rapy - Individual- |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|---|
| Becker, Michael | Lancaster County Dept of Community Corrections | 605 S 10th St Ste B-131 Lincoln NB 68508 | (402)441-7616 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Becker, Michael | Lancaster County Adult Drug Court | 605 S 10th Street Lincoln NB 68508 | (402)441-7616 | (402)759-3803 |
| | | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - Individual- |
| Other Services: | | | | |
| Becker, Michael | Lancaster County Dept of Community Corrections | 605 S 10th St Ste B-131 Lincoln NB 68508 | (402)441-7616 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Beideck, Lynn | | 1203 High Street Lincoln NB 68502 | (402)560-9558 | (402)742-6486 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-f tus Exam (MSE); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The Co-occurring; Asses | erapy - Co-occurring; ssment: Pre-Treatmer |
| Other Services: | Sliding Fee Scale: | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Beideck, Lynn | | 1203 High Street Lincoln NB 68502 | (402)560-9558 | (402)742-6486 |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin ment Assessment (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | | ntal Health; Outpatient Therapy including Family Sessions-Mental He | alth: Outpatiant Th | |
| Juvenile Services. | Intensive Outpatient: Intensive Outpatient Therap | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE); Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin agement; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-O | dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; le Non-Residential |
| Juvenile Services: | | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- | Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | Assessment (Medicaid); Assessment: Mental Stat Sliding Fee Scale; | tus Exam (MSE) | | |
| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - Family; Adult Non-Residential Services Outpatient - Individual; Ad iervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin agement; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-O | dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; le Non-Residential |
| | Assessment (bio-psychosocial); Co-Occurring | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- | - | |
| | Assessment (Medicaid); Assessment: Mental Stat Sliding Fee Scale; | | <u>(</u> , | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|-------------------------------|
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental H sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C ucation Class; Outpatient Therapy - Individual-Mental Health | lealth; Outpatient The Occurring; Non-Treat | erapy - Eating ment: Anger |
| Other Services: | Sliding Fee Scale; | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental H sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C ucation Class; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Borgmann, Margaret | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Co-C | ups; Adult Non-Residential Services Outpatient - Family; Adult Non-R Dccurring Treatment; Juvenile Non-Residential Services Outpatient - rvices Outpatient - Individual; Juvenile Non-Residential Services Out | Groups; Juvenile No | n-Residential Service |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | | erapy - Co-occurring; |
| Other Services: | | , , | | |
| Borgmann, Margaret | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Co-C | ups; Adult Non-Residential Services Outpatient - Family; Adult Non-R Docurring Treatment; Juvenile Non-Residential Services Outpatient - rvices Outpatient - Individual; Juvenile Non-Residential Services Out | Groups; Juvenile No | n-Residential Service |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | | erapy - Co-occurring; |
| Other Services: | | ,, | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Brock, Victoria (Tory) | Lancaster County Dept of Community Corrections | 605 S 10th St Ste B-131 Lincoln NB 68508 | (402)441-7641 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education atient - Co-Occurring Treatment; Adult Non-Residential Services | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Brock, Victoria (Tory) | Lancaster County Dept of Community Corrections | 605 S 10th St Ste B-131 Lincoln NB 68508 | (402)441-7641 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education atient - Co-Occurring Treatment; Adult Non-Residential Services | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Brown, Jennifer | Origins Behavioral Health | 2123 Winthrop Rd. Ste. B Lincoln NB 68502 | (402)438-9222 | (402)438-9226 |
| | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juveni Treatment | valuations; Adult Non-Residential Services Outpatient - Family; atient - Co-Occurring Treatment; Juvenile Assessment Services le Non-Residential Services Outpatient - Individual; Juvenile No | Substance Abuse Evaluat n-Residential Services Ou | ions; Juvenile Non- tpatient - Co-Occurrin |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-T | reatment Assessment (bio | -psychosocial); Co- |

| Name | Agency | Address | Phone | Fax |
|---|---|---|-----------------------|---------------------|
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: Health | Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring; (| Outpatient Therapy - | Individual-Mental |
| Other Services: | | | | |
| Brown, Jennifer | Origins Behavioral Health | 2123 Winthrop Rd. Ste. B Lincoln NB 68502 | (402)438-9222 | (402)438-9226 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| | 0 | Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring; (| Outpatient Therapy - | Individual-Mental |
| Other Services: | | | | |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | aluations; Adult Non-Residential Services Intervention/Education; Ad tpatient - Groups; Adult Non-Residential Services Outpatient - Family vices Intensive Outpatient Treatment; Adult Non-Residential Services | ; Adult Non-Residen | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | aluations; Adult Non-Residential Services Intervention/Education; Ad tpatient - Groups; Adult Non-Residential Services Outpatient - Family vices Intensive Outpatient Treatment; Adult Non-Residential Services | ; Adult Non-Residen | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brundege, Lindsay | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | |
| Mental Health Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment | | ult Non-Residential S | Services Care |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Brundege, Lindsay | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ac | lult Non-Residential Se | rvices Care |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Canning, Elizabeth | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)474-0011 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | dult Non-Residential S ces Substance Abuse E on-Residential Services | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | | | | |
| Canning, Elizabeth | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)474-0011 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential S ces Substance Abuse E on-Residential Services | ervices Outpatient - valuations; Juvenile Outpatient - Family; |
| | Outpatient Therapy including Group Sessions-Me | (olo-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | | | | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A iervices Substance Abuse Evaluations; Juvenile Non-Residential Ser venile Non-Residential Services Outpatient - Family; Juvenile Non-F o-Occurring Treatment | dult Non-Residential Soviets Intervention/Educ | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occ | urring | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | • |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | ual; Adult Non-Residential al Services Intervention/Ec | Services Outpatient lucation; Juvenile |
| Juvenile Services: Other Services: | Assessment: Pre-Treatment Assessment (Medic | aid); Assessment: Mental Status Exam (MSE); Assessment: Co | o-Occurring | |
| Carlson, Jack | Blue Valley Behavioral Health | 459 South 6th St Suite 1 Seward NB 68434 | (402)643-3343 | (402)643-4048 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment atment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Me atus Exam (MSE); Outpatient Therapy - Individual-Mental Health | | Pre-Treatment |
| Carlson, Jack | Blue Valley Behavioral Health | 459 South 6th St Suite 1 Seward NB 68434 | (402)643-3343 | (402)643-4048 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Crisis Stabilization; Outpatient Therapy; Pre-Trea Outpatient Therapy including Group Sessions-Me | atment Assessment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Me | ual; Adult Non-Residential ntal Health; Assessment: F | Services Outpatient |
| Other Services: | Assessment (Medicaid); Assessment: Mental Sta Sliding Fee Scale; | atus Exam (MSE); Outpatient Therapy - Individual-Mental Healt | n | |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |

| Name | Agency | Address | Phone | Fax |
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| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Carter, Alyson | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | (402)292-0342 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | . . |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He by-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - Inc | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Carter, Alyson | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | (402)292-0342 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental He | dult Non-Residential es Substance Abus n-Residential Servic g Treatment; Juveni ealth; Outpatient The | Services Outpatient - e Evaluations; Juvenili es Outpatient - Family le Non-Residential erapy - Co-occurring; |
| | | y-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - Inc | iividuai-ivientai Heali | IN |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Carter, Rick | Community Justice Center | 214 N. 14th Street, Ste. 314 Lincoln NB 68508 | (402)277-8111 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |

| Carter, Rick C Substance Abuse Services: Mental Health Services: O Juvenile Services: | Community Justice Center | 214 N. 14th Street, Ste. 314 Lincoln NB 68508 | (400)077 0111 | |
|--|---|---|---|---------------------------------------|
| Mental Health Services: O | | | (402)277-8111 | |
| Other Services: | Dutpatient Therapy | | | |
| Carville, Misty In | nfinite Change Family Therapy Center LLC | 245 S 84th St, Suite L101 Lincoln NB 68510 | (402)310-7867 | (833)587-9383 |
| G Ci Ni Ju | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Juvenile Assessment Se | - | dult Non-Residential rices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Juvenile Services: O | Dutpatient Therapy including Group Sessions-Mer | ntal Health; Outpatient Therapy including Family Sessions-Mental He id); Assessment: Co-Occurring; Outpatient Therapy - Individual-Men | | rapy - Co-occurring; |
| Other Services: | | | | |
| Carville, Misty In | nfinite Change Family Therapy Center LLC | 245 S 84th St, Suite L101 Lincoln NB 68510 | (402)310-7867 | (833)587-9383 |
| G Ci Ni Ju | Broups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se Jon-Residential Services Outpatient - Groups; Juv uvenile Non-Residential Services Outpatient - Co | 0 | dult Non-Residential rices Intervention/Ed | Services Outpatient |
| | Dutpatient Therapy; Pre-Treatment Assessment (I | | | |
| | | ntal Health; Outpatient Therapy including Family Sessions-Mental He id); Assessment: Co-Occurring; Outpatient Therapy - Individual-Men | | rapy - Co-occurring; |
| Other Services: | | .,, | | |
| | ancaster County Dept of Community | 605 S 10th St Ste B-131 Lincoln NB 68508 | (402)441-8365 | (402)441-3606 |
| G Ci Mental Health Services: O | | | | |
| Juvenile Services: Other Services: Bi | | | | |

| Name | Agency | Address | Phone | Fax |
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| Cazares, Marysol | Lancaster County Dept of Community Corrections | 605 S 10th St Ste B-131 Lincoln NB 68508 | (402)441-8365 | (402)441-3606 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Bilingual Services; | | | |
| Chang, Chinah | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-0699 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental H ical Evaluation; Outpatient Therapy - Individual-Mental Health | ealth; Assessment: I | Pre-Treatment |
| Other Services: | | | | |
| Chang, Chinah | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-0699 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H ical Evaluation; Outpatient Therapy - Individual-Mental Health | ealth; Assessment: I | Pre-Treatment |
| Other Services: | | | | |
| Clark, Stephanie | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)707-9050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Clark, Stephanie | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)707-9050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|-------------------|
| | | | (400) 475 0740 | (400) 475, 0700 |
| Conroy , Pamela | CenterPointe | 2220 S 10th Lincoln NB 68502 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | | valuations; Adult Residential Services Dual Residential (MH/SA ded Residential or SA Residential Treatment Center | A); Adult Residential Service | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Conroy , Pamela | CenterPointe | 2220 S 10th Lincoln NB 68502 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | | valuations; Adult Residential Services Dual Residential (MH/SA ded Residential or SA Residential Treatment Center |); Adult Residential Service | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Consbruck, Valerie | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5496 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Residential Services Short Term Resident rvices Outpatient - Groups; Juvenile Non-Residential Services | ial; Juvenile Assessment Se | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy - Co-occurring; Assessment: | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Consbruck, Valerie | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5496 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Residential Services Short Term Resident rvices Outpatient - Groups; Juvenile Non-Residential Services | ial; Juvenile Assessment Se | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: | Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-826 |
| Substance Abuse Services: | | | | |
| Montal Haalth Sanijaaa: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial): Psychological Evaluation | | |
| Merital Health Services. | | (Sie peyeneeeela), i eyenelegiea zvaluation | | |
| | | ental Health; Assessment: Pre-Treatment Assessment (Medic | aid); Assessment: Mental S | tatus Exam (MSE |

| Name | Agency | Address | Phone | Fax |
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| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Assessment: Psychological Evaluation; Outpatier | ental Health; Assessment: Pre-Treatment Assessment (Medicaid) nt Therapy - Individual-Mental Health | ; Assessment: Mental S | tatus Exam (MSE); |
| Other Services: | , , , | | | |
| Countryman, Carol | Carol Countryman N PC | 2120 S 56th St, Ste 206 Lincoln NB 68506 | (402)429-5365 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individua iervices Substance Abuse Evaluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Countryman, Carol | Carol Countryman N PC | 2120 S 56th St, Ste 206 Lincoln NB 68506 | (402)429-5365 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua services Substance Abuse Evaluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Cowan, Jayme | Jayme E Cowan LLC | 4316 S 48th St Suite 2 Lincoln NB 68516 | (402)890-7713 | (402)327-0404 |
| | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pro sment: Co-Occurring; Outpatient Therapy - Individual-Mental Hea | | t (Medicaid); |
| Other Services: | | | | |
| | | | | |
| Cowan, Jayme | Jayme E Cowan LLC | 4316 S 48th St Suite 2 Lincoln NB 68516 | (402)890-7713 | (402)327-0404 |
| | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intervention/Education | Adult Non-Residential | () |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc | Adult Non-Residential | () |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M | aluations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc | Adult Non-Residential Scurring Treatment | Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
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| Craw, Amanda | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5268 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult R Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; A It - Individual; Adult Non-Residential Services Outpatient - Co-Occu esidential Services Short Term Residential | | |
| Craw, Amanda | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5268 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult R Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; A It - Individual; Adult Non-Residential Services Outpatient - Co-Occu esidential Services Short Term Residential | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evaluat | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW | /SH); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Mental Heasment (Medicaid); Assessment: Outpatient Psychiatric Evaluation ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient The | ; Assessment: Mental | Status Exam (MSE) |
| | | | | |
| Other Services: | | | | |
| | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| DeLaet, Theodore Substance Abuse Services: | Theodore J. DeLaet, PhD, PC Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW | . , | |
| DeLaet, Theodore Substance Abuse Services: Mental Health Services: | Theodore J. DeLaet, PhD, PC Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evaluat Outpatient Therapy including Group Sessions-Me Sexually Harm; Assessment: Pre-Treatment Asse | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW | /SH); Pre-Treatment A Health; Outpatient The ; Assessment: Mental | ssessment (bio- erapy - Youth Who Status Exam (MSE); |

| Name | Agency | Address | Phone Fax |
|--|--|--|---|
| Delgado, Stephanie | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5893 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Non-Residential Servic | dult Non-Residential Services Outpatient |
| Mental Health Services: | | | |
| Juvenile Services: | | | |
| Other Services: | | | |
| Delgado, Stephanie | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5893 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Non-Residential Servic | dult Non-Residential Services Outpatient |
| Mental Health Services: | Outpatient Therapy | | |
| Juvenile Services: | | | |
| Other Services: | | | |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 |
| | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential Services Outpatient es Substance Abuse Evaluations; Juven n-Residential Services Outpatient - Fami |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor | dult Non-Residential Services Outpatient es Substance Abuse Evaluations; Juven n-Residential Services Outpatient - Fami |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential Services Outpatient es Substance Abuse Evaluations; Juven n-Residential Services Outpatient - Fami g Treatment |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor | dult Non-Residential Services Outpatient es Substance Abuse Evaluations; Juven n-Residential Services Outpatient - Fami g Treatment |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy Outpatient Therapy including Family Sessions-Me | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential Services Outpatient es Substance Abuse Evaluations; Juven n-Residential Services Outpatient - Fami g Treatment |
| Mental Health Services: Juvenile Services: Other Services: Denney, Rachel | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy Outpatient Therapy including Family Sessions-Me Sliding Fee Scale; Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy - | dult Non-Residential Services Outpatient es Substance Abuse Evaluations; Juven n-Residential Services Outpatient - Fami g Treatment (402)730-6802 ult Non-Residential Services Outpatient - Jult Non-Residential Services Outpatient es Substance Abuse Evaluations; Juven n-Residential Services Outpatient - Fami |
| Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy Outpatient Therapy including Family Sessions-Me Sliding Fee Scale; Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy - 1640 L St Suite C Lincoln NB 68508 aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Individual; Ac | dult Non-Residential Services Outpatient es Substance Abuse Evaluations; Juven n-Residential Services Outpatient - Fami g Treatment (402)730-6802 ult Non-Residential Services Outpatient - Jult Non-Residential Services Outpatient es Substance Abuse Evaluations; Juven n-Residential Services Outpatient - Fami |
| Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy Outpatient Therapy including Family Sessions-Me Sliding Fee Scale; Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy - 1640 L St Suite C Lincoln NB 68508 aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Individual; Ac | dult Non-Residential Services Outpatient es Substance Abuse Evaluations; Juven n-Residential Services Outpatient - Fami g Treatment Individual-Mental Health (402)730-6802 Jult Non-Residential Services Outpatient - Jult Non-Residential Services Outpatient es Substance Abuse Evaluations; Juven n-Residential Services Outpatient - Fami g Treatment |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|-----------------------|-----------------------|
| DeVries, Ingrid | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5875 | (402)481-5495 |
| Substance Abuse Services: | | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-R Occurring Treatment; Adult Non-Residential Services Intensive Outpa | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Bilingual Services; | | | |
| DeVries, Ingrid | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5875 | (402)481-5495 |
| Substance Abuse Services: | | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-R Dccurring Treatment; Adult Non-Residential Services Intensive Outpa | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Bilingual Services; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adus es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Ko-Occurring Treatment; Adust Non-Residential Services Outpatient - Co-Occurring Treatment; Adust Non-Residential Services Outpatient - Ko-Occurring Treatment; Adust Non-Residential Services - Ko-Occurring Treatment; Adust Non-Residential Services - Ko-Occurring Treatment; Adust Non-Residential Services - Ko-Occurring - Ko-Oc | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Others Oran data | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Drake, Maureen | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5398 | (402)481-5495 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Partial Care; Adult Residential Services Short Ter Services Outpatient - Groups; Juvenile Non-Resid | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Intensive Outpatient Tr rm Residential; Juvenile Assessment Services Substance Abuse Eva dential Services Outpatient - Family; Juvenile Non-Residential Servic ent; Juvenile Non-Residential Services Partial Care; Juvenile Residential | eatment; Adult Non- luations; Juvenile No es Outpatient - Indiv | Residential Services on-Residential idual; Juvenile Non- |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Hearing Impaired; Bilingual Services; | | | |
| Drake, Maureen | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5398 | (402)481-5495 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Partial Care; Adult Residential Services Short Ter Services Outpatient - Groups; Juvenile Non-Resid | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Intensive Outpatient Tr rm Residential; Juvenile Assessment Services Substance Abuse Eva dential Services Outpatient - Family; Juvenile Non-Residential Servic ent; Juvenile Non-Residential Services Partial Care; Juvenile Residential | eatment; Adult Non- luations; Juvenile No es Outpatient - Indiv | Residential Services on-Residential idual; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Dunham, Sarah | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (402)474-0011 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: ent: Intensive Family Preservation; Outpatient Therapy - Individual-Me | | t Therapy-Mental |
| Other Services: | | | | |
| Dunham, Sarah | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |

| Name | Agency | Address | Phone | Fax |
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| | | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient ent: Intensive Family Preservation; Outpatient Therapy - Individual-M | | nt Therapy-Mental |
| Other Services: | | | | |
| Eberle, Jeremy | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| | | | | |
| Eberle, Jeremy | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| | | | | |
| Eisenbraun, Tiffany | Developmental Services of Nebraska | 5701 Thompson Creek Blvd, Suite 200 Lincoln NB 68156 | (402)325-8555 | (402)325-8575 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Intervention/Education; Ad ht - Individual; Juvenile Assessment Services Substance Abuse Eval Services Outpatient - Family; Juvenile Non-Residential Services Ou | uations; Juvenile No | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Eating Disorder; Outpatient Exam (MSE); Assessment: Co-Occurring; Outpat Sliding Fee Scale; | Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (N tient Therapy - Individual-Mental Health | /ledicaid); Assessme | ent: Mental Status |
| Eisenbraun, Tiffany | Developmental Services of Nebraska | 5701 Thompson Creek Blvd, Suite 200 Lincoln NB 68156 | (402)325-8555 | (402)325-8575 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Family; Juvenile Non-Residential Services Out | uations; Juvenile No | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Eating Disorder; Outpatient Exam (MSE); Assessment: Co-Occurring; Outpat Sliding Fee Scale; | Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (N | /ledicaid); Assessme | ent: Mental Status |

| Name | Agency | Address | Phone | Fax |
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| Ellis, Tara | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (531)500-3791 | (402)474-0012 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Ir | Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | | | | |
| Ellis, Tara | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (531)500-3791 | (402)474-0012 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Ir | Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | | | | |
| Engle, Christine | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Health Sliding Fee Scale; | (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicaid); Oເ | utpatient Therapy - I | ndividual-Mental |
| Engle, Christine | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Health Sliding Fee Scale; | (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicaid); Ot | utpatient Therapy - I | ndividual-Mental |

| Name | Agency | Address | Phone | Fax |
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| Exstrom, Erica | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ing Treatment; Adult N Residential Services C | lon-Residential Dutpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Non-Treatment: Intensive Family Preservation | | |
| Other Services: | | | | |
| Exstrom, Erica | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)474-0011 | |
| | Services Intensive Outpatient Treatment; Juvenil Juvenile Non-Residential Services Outpatient - F Co-Occurring Treatment; Juvenile Non-Residenti Outpatient Therapy; Pre-Treatment Assessment | | Residential Services C | Outpatient - Groups; |
| Other Services: | | | | |
| Faubel, Olivia | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ing Treatment; Adult N Residential Services C | lon-Residential Dutpatient - Groups; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- | | |
| Other Services: | | | | |
| Faubel, Olivia | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ing Treatment; Adult N Residential Services 0 | lon-Residential Dutpatient - Groups; |

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental Hoy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy | | |
| Other Services: | | | | |
| Fisher-Erickson, Julie | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | (402)441-8625 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Intensive Outpatient T | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Fisher-Erickson, Julie | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | (402)441-8625 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | | rvices Outpatient - |
| Mental Health Services | Family; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; Adult Non-Residential Services Intensive Outpatient T (bio-psychosocial): Co-Occurring | reatment | |
| Juvenile Services | 1 132 | (ore poyonesedial), ee eeedining | | |
| Other Services: | | | | |
| Gieseke, Mary | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)435-2910 | (402)435-2949 |
| Substance Abuse Services: | | | | () |
| Substance Aduse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | Services Outpatient - |
| | | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | Services Outpatient - |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Gieseke, Mary | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring 2301 O St Lincoln NB 68510 raluations; Adult Non-Residential Services Intervention/Education; Adult ont - Family; Adult Non-Residential Services Outpatient - Individual; A | Adult Non-Residentia (402)435-2910 dult Non-Residential | Services Outpatient - Services Outpatient (402)435-2949 Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Gieseke, Mary Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring 2301 O St Lincoln NB 68510 raluations; Adult Non-Residential Services Intervention/Education; Adult ont - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | Adult Non-Residentia (402)435-2910 dult Non-Residential | Services Outpatient - Services Outpatient - (402)435-2949 Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Gieseke, Mary Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring 2301 O St Lincoln NB 68510 raluations; Adult Non-Residential Services Intervention/Education; Adult ont - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | Adult Non-Residentia (402)435-2910 dult Non-Residential | Services Outpatient - Services Outpatient (402)435-2949 Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Eval | uation; Psychological |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurring Therapy-Youth Who Sexually Harm; Intensive Out | ental Health; Outpatient Therapy including Family Sessions-Mental He g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I Itpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pro- sment: Psychological Evaluation; Assessment: Juvenile Who Sexually | Intensive Outpatient: e-Treatment Assess | ment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac | | |
| Mental Health Services: | | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Eval | uation; Psychological |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurring Therapy-Youth Who Sexually Harm; Intensive Out | ental Health; Outpatient Therapy including Family Sessions-Mental He g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ttpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Priment: Psychological Evaluation; Assessment: Juvenile Who Sexually | Intensive Outpatient: e-Treatment Assess | : Intensive Outpatient ment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Goodman, Emily | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider | ng Treatment; Juver | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Intensive Outpatient: Intensive Outpatient Therap Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Mental Status Exam (MSE); Assessme | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Goodman, Emily | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Group: nt - Individual; Adult Non-Residential Services Outpatient - Co Non-Residential Services Outpatient - Groups; Juvenile Non- | -Occurring Treatment; Juveni | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-M by-Mental Health; Assessment: Mental Status Exam (MSE); A | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| Mental Health Services: | Co-Occurring Treatment; Juvenile Assessment S | | tial Services Intervention/Edu | cation; Juvenile |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-M aid); Assessment: Co-Occurring; Outpatient Therapy - Individu | | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | idual; Adult Non-Residential S tial Services Intervention/Edu | Services Outpatient - ication; Juvenile |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-M aid); Assessment: Co-Occurring; Outpatient Therapy - Individu | | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Hardy, Brian | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Psychological Evaluation | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Assessment: Psychological Evaluation; Outpatie | nt Therapy - Individual-Menta | l Health |
| Other Services | | | | |

| Name | Agency | Address | Phone | Fax |
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| Hardy Brian | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | (402)483-7045 |
| Hardy, Brian | Nebraska Merital Health Centers | 2951 IN Clarkson St. Fremont INB 66025 | (402)403-0990 | (402)463-7045 |
| Substance Abuse Services: | Outrations Theorem & Developed sized Eveloption | | | |
| | Outpatient Therapy; Psychological Evaluation | notel Health: Assessment: Developing Evaluation: Outpatient There | any Individual Mont | |
| Juvernie Services. | Outpatient merapy including Group Sessions-we | ental Health; Assessment: Psychological Evaluation; Outpatient Thera | apy - muividuai-iviem | ai nealtí |
| Other Services: | | | | |
| Harmes, Eric | | 5539 S. 27th St. Suite 104 Lincoln NB 68512 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Harmes, Eric | | 5539 S. 27th St. Suite 104 Lincoln NB 68512 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hartmann, Shala | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial): Co-Occurring | | |
| | Outpatient Therapy including Family Sessions-Me | ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | tal Health; Assessme | ent: Pre-Treatment |
| Other Services: | Assessment (Medicaid); Assessment: Mental Sta | tus Exam (MSE); Outpatient Therapy - Individual-Mental Health | | |
| Hartmann, Shala | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy: Pre-Treatment Assessment | (bio-psychosocial): Co-Occurring | | |
| | Outpatient Therapy including Family Sessions-Me | ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men tus Exam (MSE); Outpatient Therapy - Individual-Mental Health | tal Health; Assessme | ent: Pre-Treatment |

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| Name | Agency | Address | Phone | Fax |
| Other Services: | | | | |
| Hay-Holen, Patricia | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (308)455-0145 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Hay-Holen, Patricia | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (308)455-0145 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | raluations; Adult Non-Residential Services Intervention/Education; Ac ont - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Services Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential o-Occurring Treatment essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | dult Non-Residential vices Intervention/Ec Residential Services (| Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Juvenile Services: Other Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol I Health | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A iervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F io-Occurring Treatment essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | dult Non-Residential vices Intervention/Ec Residential Services (| Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Juvenile Services: Other Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol I Health | | |

| | Agency | Address | Phone | Fax |
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| Hill, Rhonda | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)980-9544 | |
| | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juvenile ential Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | | py - Co-occurring; |
| | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-4895 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | Health; Outpatient Thera | py - Individual- |
| Other Services: | | | | |
| Hill, Rhonda | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)980-9544 | |
| | Adult Accossment Services Substance Abuse Ev | | | |
| | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adu tt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treatu | rring Treatment; Juvenile ential Services Outpatie | e Assessment |
| | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juvenile ential Services Outpatie | e Assessment |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H | rring Treatment; Juvenile ential Services Outpatie ment Health; Outpatient Thera | e Assessment nt - Family; Juvenik |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat (bio-psychosocial); Co-Occurring | rring Treatment; Juvenile ential Services Outpatie ment Health; Outpatient Thera | e Assessment nt - Family; Juvenik |
| Mental Health Services: Juvenile Services: Other Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H | rring Treatment; Juvenile ential Services Outpatie ment Health; Outpatient Thera | e Assessment nt - Family; Juvenik |
| Mental Health Services: Juvenile Services: Other Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | rring Treatment; Juvenile ential Services Outpatie ment Health; Outpatient Thera ental Health | e Assessment nt - Family; Juvenik |
| Mental Health Services: Juvenile Services: Other Services: Hill, Rhonda | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Bryan Independence Center | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | rring Treatment; Juvenile ential Services Outpatie ment Health; Outpatient Thera ental Health | e Assessment nt - Family; Juvenik |

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|---|
| Hinrichs, Robin | | 7441 O St. Ste 402 Lincoln NB 68510-2466 | (402)483-4215 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Intervention/Education; Juvenile Non-R o-Occurring Treatment | urring Treatment; Juvenil | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Family Sessions-Me Occurring; Outpatient Therapy - Individual-Menta | ental Health; Outpatient Therapy - Co-occurring; Assessment: Me I Health | ntal Status Exam (MSE); | Assessment: Co- |
| Other Services: | | | | |
| Hinrichs, Robin | | 7441 O St. Ste 402 Lincoln NB 68510-2466 | (402)483-4215 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; ht - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Intervention/Education; Juvenile Non-R o-Occurring Treatment | urring Treatment; Juvenil | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Occurring; Outpatient Therapy - Individual-Menta | ental Health; Outpatient Therapy - Co-occurring; Assessment: Me | ntal Status Exam (MSE); | Assessment: Co- |
| Juvenile Services: Other Services: | | | ntal Status Exam (MSE); | Assessment: Co- |
| | | | ntal Status Exam (MSE); (402)489-3802 | Assessment: Co- |
| Other Services: Hollingshead, Andria | Occurring; Outpatient Therapy - Individual-Menta VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O | I Health 600 S 70th St Lincoln NB 68510 ups; Adult Non-Residential Services Outpatient - Family; Adult Nor Decurring Treatment; Adult Non-Residential Services Intensive Out | (402)489-3802 I-Residential Services Ou | tpatient - Individual |
| Other Services: Hollingshead, Andria Substance Abuse Services: | Occurring; Outpatient Therapy - Individual-Menta VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou | I Health 600 S 70th St Lincoln NB 68510 lps; Adult Non-Residential Services Outpatient - Family; Adult Nor Decurring Treatment; Adult Non-Residential Services Intensive Ou rices Short Term Residential | (402)489-3802 I-Residential Services Ou | tpatient - Individual; |
| Other Services: Hollingshead, Andria Substance Abuse Services: | Occurring; Outpatient Therapy - Individual-Menta VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Dual Residential (MH/SA); Adult Residential Services | I Health 600 S 70th St Lincoln NB 68510 lps; Adult Non-Residential Services Outpatient - Family; Adult Nor Decurring Treatment; Adult Non-Residential Services Intensive Ou rices Short Term Residential | (402)489-3802 I-Residential Services Ou | tpatient - Individual; |
| Other Services: Hollingshead, Andria Substance Abuse Services: Mental Health Services: | Occurring; Outpatient Therapy - Individual-Menta VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Dual Residential (MH/SA); Adult Residential Services | I Health 600 S 70th St Lincoln NB 68510 lps; Adult Non-Residential Services Outpatient - Family; Adult Nor Decurring Treatment; Adult Non-Residential Services Intensive Ou rices Short Term Residential | (402)489-3802 I-Residential Services Ou | tpatient - Individual |
| Other Services: Hollingshead, Andria Substance Abuse Services: Mental Health Services: Juvenile Services: | Occurring; Outpatient Therapy - Individual-Menta VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Dual Residential (MH/SA); Adult Residential Services | I Health 600 S 70th St Lincoln NB 68510 lps; Adult Non-Residential Services Outpatient - Family; Adult Nor Decurring Treatment; Adult Non-Residential Services Intensive Ou rices Short Term Residential | (402)489-3802 I-Residential Services Ou | tpatient - Individual; |
| Other Services: Hollingshead, Andria Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hollingshead, Andria | Occurring; Outpatient Therapy - Individual-Menta VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Dual Residential (MH/SA); Adult Residential Serv Outpatient Therapy; Pre-Treatment Assessment of VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Grou | I Health 600 S 70th St Lincoln NB 68510 ps; Adult Non-Residential Services Outpatient - Family; Adult Nor Occurring Treatment; Adult Non-Residential Services Intensive Ou- rices Short Term Residential (bio-psychosocial); Co-Occurring 600 S 70th St Lincoln NB 68510 ps; Adult Non-Residential Services Outpatient - Family; Adult Nor Occurring Treatment; Adult Non-Residential Services Intensive Ou- | (402)489-3802 -Residential Services Outpatient Treatment; Adult (402)489-3802 -Residential Services Outpatient | tpatient - Individual Residential Service Itpatient - Individual |
| Other Services: Hollingshead, Andria Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hollingshead, Andria Substance Abuse Services: | Occurring; Outpatient Therapy - Individual-Menta VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Dual Residential (MH/SA); Adult Residential Serv Outpatient Therapy; Pre-Treatment Assessment of VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou | I Health 600 S 70th St Lincoln NB 68510 ps; Adult Non-Residential Services Outpatient - Family; Adult Nor Occurring Treatment; Adult Non-Residential Services Intensive Ou- rices Short Term Residential (bio-psychosocial); Co-Occurring 600 S 70th St Lincoln NB 68510 ps; Adult Non-Residential Services Outpatient - Family; Adult Nor Occurring Treatment; Adult Non-Residential Services Intensive Ou- rices Short Term Residential | (402)489-3802 -Residential Services Outpatient Treatment; Adult (402)489-3802 -Residential Services Outpatient | tpatient - Individual Residential Service tpatient - Individual |
| Other Services: Hollingshead, Andria Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hollingshead, Andria Substance Abuse Services: | Occurring; Outpatient Therapy - Individual-Menta VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Dual Residential (MH/SA); Adult Residential Serv Outpatient Therapy; Pre-Treatment Assessment of VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Dual Residential (MH/SA); Adult Residential Services Outpatient - Co-C | I Health 600 S 70th St Lincoln NB 68510 ps; Adult Non-Residential Services Outpatient - Family; Adult Nor Occurring Treatment; Adult Non-Residential Services Intensive Ou- rices Short Term Residential (bio-psychosocial); Co-Occurring 600 S 70th St Lincoln NB 68510 ps; Adult Non-Residential Services Outpatient - Family; Adult Nor Occurring Treatment; Adult Non-Residential Services Intensive Ou- rices Short Term Residential | (402)489-3802 -Residential Services Outpatient Treatment; Adult (402)489-3802 -Residential Services Outpatient | tpatient - Individual; Residential Service tpatient - Individual; |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|-----------------------|---------------------|
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologic | cal Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychologi | cal Evaluation; Asses | sment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Other Services. | | | | |
| Holt, Jennifer | Adultspan Counseling | 1001 S. 70th St suite 225 Lincoln NB 68510 | (402)325-0117 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Holt, Jennifer | Adultspan Counseling | 1001 S. 70th St suite 225 Lincoln NB 68510 | (402)325-0117 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Jagels, Kristin | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental | Health; Outpatient Th | erapy - Individual- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|--|-----------------------|---------------------|
| Jagels, Kristin | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - Individual- |
| Other Services: | Mental Health | | | |
| Jantzen, Kalika | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - In | Co-occurring; Asses | sment: Pre-Treatmer |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Jantzen, Kalika | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-(itus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - In | Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Johnson, Jacob | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| Johnson, Jacob | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)474-0011 | • |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Johnson, Janet | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| | | Evaluations; Adult Non-Residential Services Intervention/Education ient - Family; Adult Non-Residential Services Outpatient - Individu | | |
| | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Johnson, Janet | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| | | Evaluations; Adult Non-Residential Services Intervention/Education ient - Family; Adult Non-Residential Services Outpatient - Individu | | |
| | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juven Intervention/Education; Juvenile Non-Residentia | Evaluations; Adult Non-Residential Services Outpatient - Groups; A ent - Individual; Adult Non-Residential Services Outpatient - Co-Ou ile Assessment Services Substance Abuse Evaluations; Juvenile al Services Outpatient - Groups; Juvenile Non-Residential Service Residential Services Outpatient - Co-Occurring Treatment; Juvenile | ccurring Treatment; Adul Non-Residential Service: s Outpatient - Family; Ju | t Non-Residential s venile Non-Residenti |
| | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | it (bio-psychosocial); Co-Occurring /lental Health; Outpatient Therapy including Family Sessions-Men | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur le Assessment Services Substance Abuse Evaluations; Juvenile Non l Services Outpatient - Groups; Juvenile Non-Residential Services Ou esidential Services Outpatient - Co-Occurring Treatment; Juvenile No | ring Treatment; Adult -Residential Services utpatient - Family; Jur | t Non-Residential s venile Non-Residenti |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- atus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - I | Co-occurring; Asses | sment: Pre-Treatmer |
| Other Services: | Sliding Fee Scale; | | | |
| Kadavy, Michaela | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Individual- |
| Other Services: | | | | |
| Kadavy, Michaela | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Individual- |
| Other Services: | | | | |
| Karlsson, Ruth | Released and Restored | PO Box 22962 Lincoln NB 68542 | (402)806-0565 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

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|---------------------------------------|--|---|----------------------------------|--------------|
| Name | Agency | Address | Phone | Fax |
| Karlsson, Ruth | Released and Restored | PO Box 22962 Lincoln NB 68542 | (402)806-0565 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| | | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kelch, Tammy | | P.O. Box 264 Syracuse NB 68446 | (402)890-9957 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outp | e Evaluations; Adult Non-Residential Services Intervention/Ed patient - Individual; Adult Non-Residential Services Outpatient - enile Non-Residential Services Intervention/Education; Juvenil nt - Co-Occurring Treatment | Co-Occurring Treatment; Juvenile | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessm | nent (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kelch, Tammy | | P.O. Box 264 Syracuse NB 68446 | (402)890-9957 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outp | e Evaluations; Adult Non-Residential Services Intervention/Ed patient - Individual; Adult Non-Residential Services Outpatient - enile Non-Residential Services Intervention/Education; Juvenil at - Co-Occurring Treatment | Co-Occurring Treatment; Juvenile | Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessm | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| Knight, Debra | | 600 N Cotner Blvd Ste 106B Lincoln NB 68505 | (402)540-8650 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Intervention/Education; itent - Co-Occurring Treatment; Adult Non-Residential Services In ons; Juvenile Non-Residential Services Intervention/Education; Ju ipatient - Co-Occurring Treatment; Juvenile Non-Residential Servi | tensive Outpatient Trea venile Non-Residential | tment; Juvenile Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Knight, Debra | | 600 N Cotner Blvd Ste 106B Lincoln NB 68505 | (402)540-8650 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Intervention/Education; itent - Co-Occurring Treatment; Adult Non-Residential Services In ons; Juvenile Non-Residential Services Intervention/Education; Ju ipatient - Co-Occurring Treatment; Juvenile Non-Residential Servi | tensive Outpatient Trea venile Non-Residential | tment; Juvenile Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpa | aluations; Adult Non-Residential Services Care Monitoring SA/MF nt - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Adult Residential Service enile Assessment Services Substance Abuse Evaluations; Juveni tient - Groups; Juvenile Non-Residential Services Outpatient - Fa Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resi | ; Adult Non-Residential es Dual Residential (MH le Non-Residential Serv mily; Juvenile Non-Res | Services Outpatient /SA), Adult vices Care Monitoring idential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Outp | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Care Monitoring SA/MF | | Services Outpatient Services Outpatient |

| Name | Agency | Address | Phone | Fax |
|---|---|---|-------------------------|--------------------|
| | Outpatient Therapy - Co-occurring; Intensiv Sliding Fee Scale; | ve Outpatient: Intensive Outpatient Therapy-Co-occurring | | |
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | use Evaluations; Adult Non-Residential Services Outpatient - Individual | | |
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | ise Evaluations; Adult Non-Residential Services Outpatient - Individual | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Out | | curring Treatment; Adul | It Non-Residential |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Out | | curring Treatment; Adul | It Non-Residential |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm | Evaluation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Dis Outpatient Therapy-Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Asses | Mental Health; Outpatient Therapy including Family Sessions-Men order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asse ssment: Juvenile Who Sexually Harm Risk Assessment; Non-Trea t Mediation; Outpatient Therapy - Individual-Mental Health | Health; Intensive Outpati ssment: Pre-Treatment A | ent: Intensive ssessment (Medicaid) |
| Other Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm | Evaluation | | |
| Other Services: | Assessment: Mental Status Exam (MSE); Asses Treatment: Juvenile Offender/Victim and Conflic | Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessment: Juvenile Who Sexually Harm Risk Assessment; Non-Treat Mediation; Outpatient Therapy - Individual-Mental Health | | |
| Kumke, Melissa | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | (402)475-3300 |
| | Adult Non-Residential Services Outpatient - Ind Intensive Outpatient Treatment | ucation; Adult Non-Residential Services Outpatient - Groups; Adu ividual; Adult Non-Residential Services Outpatient - Co-Occurring | | |
| | Outpatient Therapy; Pre-Treatment Assessmen | | | |
| | Outpatient Therapy including Group Sessions-M Assessment: Pre-Treatment Assessment (Medi Mental Health Sliding Fee Scale; | Iental Health; Outpatient Therapy including Family Sessions-Men caid); Assessment: Mental Status Exam (MSE); Assessment: Co- | tal Health; Outpatient The Occurring; Outpatient Th | erapy - Co-occurring; erapy - Individual- |
| Kumke, Melissa | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | (400) 475 2200 |
| Substance Abuse Services: | | ucation; Adult Non-Residential Services Outpatient - Groups; Adu | t Non-Residential Servic | (402)475-3300 |
| Mental Health Services: | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessmen | ividual; Adult Non-Residential Services Outpatient - Co-Occurring t (bio-psychosocial); Co-Occurring | Treatment; Adult Non-Re | es Outpatient - Family |
| Juvenile Services: | Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessmen Outpatient Therapy including Group Sessions-M | | tal Health; Outpatient Th | es Outpatient - Family esidential Services erapy - Co-occurring; |

| | | | 1 | 1 |
|---------------------------|--|--|--------------------|-------------------|
| Name | Agency | Address | Phone | Fax |
| Lafferty, Melissa | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | sessment: Mental S | tatus Exam (MSE); |
| Other Services: | | | | |
| Lafferty, Melissa | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | sessment: Mental S | tatus Exam (MSE); |
| Other Services: | | | | |
| Larson, Kristin | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | | aluations; Adult Residential Services Dual Residential (MH/SA); Adult m Residential; Juvenile Assessment Services Substance Abuse Evalu | | s Extended |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Larson, Kristin | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | | aluations; Adult Residential Services Dual Residential (MH/SA); Adult m Residential; Juvenile Assessment Services Substance Abuse Evalu | | s Extended |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Little, Tim | Community Justice Center | 211 North 14th St, Suite 314 Lincoln NB 68508 | (402)277-8111 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Little, Tim | Community Justice Center | 211 North 14th St, Suite 314 Lincoln NB 68508 | (402)277-8111 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Logsden, Lisa | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C e Non-Residential Services Outpatient - Groups; Juvenile Non-R Juvenile Non-Residential Services Outpatient - Co-Occurring T | Occurring Treatment; Juvenile Residential Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Ev | valuation; Psychological Eva | luation |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Ass | ental Health; Outpatient Therapy including Family Sessions-Me essment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring; Outpatient Therapy - I | Assessment: Psychological I | |
| Other Services: | | | | |
| Logsden, Lisa | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C e Non-Residential Services Outpatient - Groups; Juvenile Non-R Juvenile Non-Residential Services Outpatient - Co-Occurring T | Occurring Treatment; Juvenile Residential Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E | valuation; Psychological Eva | luation |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Ass | ental Health; Outpatient Therapy including Family Sessions-Me essment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring; Outpatient Therapy - I | Assessment: Psychological I | |
| Other Services: | | | | |
| Mason, Amanda | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)580-6144 | |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Mason, Amanda | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)580-6144 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Other Services: | Sliding Fee Scale; | | | |
| McClain, Rodric | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (531)500-4556 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential S es Substance Abuse E n-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He py-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- ing; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential Soviet Solution Solution Solution Solution Solution Solution Solution Solution Solution So | ervices Outpatient - cation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental Hener: nent: Mentoring; Outpatient Therapy - Individual-Mental Health | ealth; Assessment: Co | -Occurring; Non- |
| Other Services: | | | | |
| McClain, Rodric | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (531)500-4556 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential S es Substance Abuse E n-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | | coro-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental He | ealth: Outpatient There | any - Co-occurring |
| Juvenile Services. | Intensive Outpatient: Intensive Outpatient Therap | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- | Co- | ipy - co-occurring, |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | occurring; Assessment: Pre-Treatment Assessme | ent (Medicaid); Assessment: Co-Occurring; Outpatient Therapy - | Individual-Mental Health | 1 |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | al; Adult Non-Residentia | I Services Outpatient - ducation; Juvenile |
| Juvenile Services: Other Services: | | ental Health; Outpatient Therapy including Family Sessions-Ment nent: Mentoring; Outpatient Therapy - Individual-Mental Health | tal Health; Assessment: | Co-Occurring; Non- |
| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 | (402)905-9473 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: Other Services: | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta | y-Mental Health; Intensive Outpatient: Intensive Outpatient Ther tus Exam (MSE); Assessment: Co-Occurring | apy-Co-occurring; Asses | ssment: Pre-Treatmen |
| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 | (402)905-9473 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta | y-Mental Health; Intensive Outpatient: Intensive Outpatient Ther tus Exam (MSE); Assessment: Co-Occurring | apy-Co-occurring; Asses | ssment: Pre-Treatmen |
| Other Services: | | | | |
| McNichols, Stephanie | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)440-6496 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; A t - Individual; Adult Non-Residential Services Outpatient - Co-Oc e Assessment Services Substance Abuse Evaluations; Juvenile amily; Juvenile Non-Residential Services Outpatient - Individual; al Services Intensive Outpatient Treatment | ccurring Treatment; Adul Non-Residential Service | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| McNichols, Stephanie | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)440-6496 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-O e Assessment Services Substance Abuse Evaluations; Juvenile amily; Juvenile Non-Residential Services Outpatient - Individual; al Services Intensive Outpatient Treatment | ccurring Treatment; Adult Non-Residential Services | Non-Residential Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Meier, Luke | VA-Western Iowa Health Care | 600 S 70th St Lincoln NB 68510 | (402)489-3802 | |
| Substance Abuse Services: | | ups; Adult Non-Residential Services Outpatient - Family; Adult No Decurring Treatment; Adult Non-Residential Services Intensive O vices Short Term Residential | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Meier, Luke | VA-Western Iowa Health Care | 600 S 70th St Lincoln NB 68510 | (402)489-3802 | |
| Substance Abuse Services: | | ups; Adult Non-Residential Services Outpatient - Family; Adult No Decurring Treatment; Adult Non-Residential Services Intensive O | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil idividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Men by-Mental Health; Intensive Outpatient: Intensive Outpatient Ther itus Exam (MSE); Assessment: Co-Occurring; Outpatient Therap | apy-Co-occurring; Assess | ment: Pre-Treatment |
| Other Services | | | | |

| Name | Agency | Address | Phone | Fax |
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| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Ir | Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | | | | |
| Middagh, Todd | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Non-Treatment: Intensive Family Preservation; O | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As utpatient Therapy - Individual-Mental Health | sessment: Mental S | tatus Exam (MSE); |
| Other Services: | | | | |
| Middagh, Todd | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Non-Treatment: Intensive Family Preservation; O | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As utpatient Therapy - Individual-Mental Health | sessment: Mental S | tatus Exam (MSE); |
| Other Services: | | | | |
| Miller, Sandra | VA-Western Iowa Health Care | 600 S 70th St Lincoln NB 68510 | (402)309-3378 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Serv | ing Treatment; Adult | Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | ent Assessment (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Miller, Sandra | VA-Western Iowa Health Care | 600 S 70th St Lincoln NB 68510 | (402)309-3378 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Serv | ing Treatment; Adult | Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | ent Assessment (bio-psychosocial); Co-Occurring | | |
| Miller, Stacey | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)413-1420 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass | (bio-psychosocial); Co-Occurring; Psychological Evaluation ental Health; Outpatient Therapy including Family Sessions-Mental He essment: Pre-Treatment Assessment (Medicaid); Assessment: Ment rring; Non-Treatment: Anger Management Class; Non-Treatment: Ge | al Status Exam (MS | E); Assessment: |
| Other Services: | | | | |
| Miller, Stacey | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)413-1420 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass | (bio-psychosocial); Co-Occurring; Psychological Evaluation ental Health; Outpatient Therapy including Family Sessions-Mental H essment: Pre-Treatment Assessment (Medicaid); Assessment: Ment rring; Non-Treatment: Anger Management Class; Non-Treatment: Ge | al Status Exam (MS | E); Assessment: |
| Other Services: | | | | |
| Montgomery Lewis, Monica | Lewis Counseling Services | 3825 Ames Ave Omaha NB 68111 | (515)520-5609 | (402)939-0755 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He tus Exam (MSE); Non-Treatment: Day Reporting; Non-Treatment: Ex ual-Mental Health | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | • |
| Montgomery Lewis, Monica | Lewis Counseling Services | 3825 Ames Ave Omaha NB 68111 | (515)520-5609 | (402)939-0755 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-N atus Exam (MSE); Non-Treatment: Day Reporting; Non-Treat ual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Morton, Crystal | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)680-6429 | |
| | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Juv ndividual; Juvenile Non-Residential Services Outpatient - Co- | nt Services Substance Abuse renile Non-Residential Service | e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-Me Outpatient Therapy-Mental Health; Intensive Out | ental Health; Outpatient Therapy including Family Sessions-N patient: Intensive Outpatient Therapy-Co-occurring; Assessm | | |
| | Outpatient Therapy including Group Sessions-Me Outpatient Therapy-Mental Health; Intensive Out Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-N patient: Intensive Outpatient Therapy-Co-occurring; Assessm | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy-Mental Health; Intensive Out Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-N patient: Intensive Outpatient Therapy-Co-occurring; Assessm | | |
| Juvenile Services: Other Services: Morton, Crystal | Outpatient Therapy including Group Sessions-Me Outpatient Therapy-Mental Health; Intensive Out Assessment: Co-Occurring; Outpatient Therapy - Heartland Family Service Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | ental Health; Outpatient Therapy including Family Sessions-M patient: Intensive Outpatient Therapy-Co-occurring; Assessm Individual-Mental Health | ent: Pre-Treatment Assessm (402)680-6429 ation; Adult Non-Residential S vidual; Adult Non-Residential nt Services Substance Abuse renile Non-Residential Service | hent (Medicaid); Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: Other Services: Morton, Crystal Substance Abuse Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy-Mental Health; Intensive Out Assessment: Co-Occurring; Outpatient Therapy - Heartland Family Service Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | Antal Health; Outpatient Therapy including Family Sessions-Me patient: Intensive Outpatient Therapy-Co-occurring; Assessme Individual-Mental Health 302 American Pkwy Papillion NB 68046 valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co- | ent: Pre-Treatment Assessm (402)680-6429 ation; Adult Non-Residential S vidual; Adult Non-Residential nt Services Substance Abuse renile Non-Residential Service | nent (Medicaid); Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: Other Services: Morton, Crystal Substance Abuse Services: Mental Health Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy-Mental Health; Intensive Outp Assessment: Co-Occurring; Outpatient Therapy - Heartland Family Service Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | Antal Health; Outpatient Therapy including Family Sessions-Metal Health; Outpatient Therapy-Co-occurring; Assessme Individual-Mental Health 302 American Pkwy Papillion NB 68046 raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co- (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Metal Health; Outpatient Therapy-Co-occurring; Assessme | (402)680-6429 (402)680-6429 ation; Adult Non-Residential vidual; Adult Non-Residential nt Services Substance Abuse renile Non-Residential Service Occurring Treatment; Juvenil Mental Health; Intensive Outp | hent (Medicaid); Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential patient: Intensive |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|-----------------------|-------------------|
| Munet Ginorio, Alexandra | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)482-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Mental H essment (Medicaid); Assessment: Mental Status Exam (MSE); Asses Assessment; Assessment: Co-Occurring; Outpatient Therapy - Individ | ssment: Psychologica | |
| Other Services: | Bilingual Services; | | | |
| Munet Ginorio, Alexandra | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)482-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Mental H essment (Medicaid); Assessment: Mental Status Exam (MSE); Asses Assessment; Assessment: Co-Occurring; Outpatient Therapy - Individ | ssment: Psychologica | |
| Other Services: | Bilingual Services; | | | |
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H nt: Intensive Family Preservation; Outpatient Therapy - Individual-Me | · · | atient: Intensive |
| Other Services: | | | | |
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H nt: Intensive Family Preservation; Outpatient Therapy - Individual-Me | · · | atient: Intensive |
| Other Services: | | | | |
| Ness, M Kristin | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| | Adult Non-Residential Services Intervention/Educ | cation; Adult Non-Residential Services Outpatient - Groups; Adult No | n-Residential Service | es Outpatient - |
| Substance Abuse Services: | | itient - Co-Occurring Treatment | | |
| | Individual; Adult Non-Residential Services Outpa Outpatient Therapy; Pre-Treatment Assessment | 5 | | |
| | Individual; Adult Non-Residential Services Outpa | 5 | | |

| Name | Agency | Address | Phone | Fax |
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| Ness, M Kristin | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Ad | ult Non-Residential Service | es Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpa Outpatient Therapy: Pre-Treatment Assessment | | | |
| Juvenile Services: | | . (p.) | | |
| Other Services: | | | | |
| Nider , Keri | Lincoln Behavioral Health | 3201 Pioneers Blvd Ste 202 Lincoln NB 68502 | (308)765-2401 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Juvenile Assessment n; Juvenile Non-Residential Services Outpatient - Family; Juven utpatient - Co-Occurring Treatment; Juvenile Non-Residential S | lual; Adult Non-Residential Services Substance Abuse ile Non-Residential Service | Services Outpatient e Evaluations; Juveni es Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M Intensive Outpatient: Intensive Outpatient Thera Assessment: Co-Occurring; Outpatient Therapy | Nental Health; Outpatient Therapy including Family Sessions-Me npy-Co-occurring; Assessment: Pre-Treatment Assessment (Me | ental Health; Outpatient The dicaid); Assessment: Menta | erapy - Co-occurring; al Status Exam (MSE |
| Other Services: | Sliding Fee Scale; | | | |
| Nider , Keri | Lincoln Behavioral Health | 3201 Pioneers Blvd Ste 202 Lincoln NB 68502 | (308)765-2401 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Juvenile Assessment n; Juvenile Non-Residential Services Outpatient - Family; Juven utpatient - Co-Occurring Treatment; Juvenile Non-Residential S | lual; Adult Non-Residential Services Substance Abuse ile Non-Residential Service | Services Outpatient e Evaluations; Juveni es Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | lental Health; Outpatient Therapy including Family Sessions-Me py-Co-occurring; Assessment: Pre-Treatment Assessment (Me - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Ollila, Ashleigh | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | Iental Health; Outpatient Therapy including Family Sessions-Me t Psychiatric Evaluation; Assessment: Mental Status Exam (MS | | |

| Name | Agency | Address | Phone | Fax |
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| Ollila, Ashleigh | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| | | (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions-Mental H Psychiatric Evaluation; Assessment: Mental Status Exam (MSE); Ou | | |
| Other Services: | | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Trea | atment Assessment (bio-psychosocial); Adults who Sexually Harm Ev | aluation; Psychologi | cal Evaluation |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Trea | atment Assessment (bio-psychosocial); Adults who Sexually Harm Ev | aluation; Psychologi | cal Evaluation |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| Papenhagen, Carrie | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental Ho by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- atus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - In | Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Papenhagen, Carrie | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - | -Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Patent, Cristin | HopeSpoke | 2444 O St Lincoln NB 68510 | (402)475-7666 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Se Ivenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment; Juvenile Non-Residential Services Intensive | Adult Non-Residentia rvices Intervention/Ed Residential Services | Services Outpatient - ducation; Juvenile Outpatient - Individual |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Patent, Cristin | HopeSpoke | 2444 O St Lincoln NB 68510 | (402)475-7666 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Se Ivenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment; Juvenile Non-Residential Services Intensive | Adult Non-Residentia rvices Intervention/Ed Residential Services | Services Outpatient - ducation; Juvenile Outpatient - Individual |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Peterson, Kira | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | lealth; Outpatient Th | erapy - Individual- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Peterson, Kira | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | 1 17 | ental Health; Outpatient Therapy including Family Sessions-Mental | Health; Outpatient Th | erapy - Individual- |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Rine, Jennifer | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)261-6470 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential vices Substance Abus Ion-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-M | ental Health; Outpatient Therapy including Family Sessions-Mental Mental Status Exam (MSE); Non-Treatment: Intensive Family Pres | Health; Intensive Outp ervation; Outpatient T | patient: Intensive nerapy - Individual- |
| Other Services: | | | | |
| Rine, Jennifer | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)261-6470 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential vices Substance Abus Ion-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | oupatient merapy, Pre-freatment Assessment | (Dio-psychosocial), Co-Occurning | | |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Outpatient Therapy-Mental Health; Assessment: I | l ental Health; Outpatient Therapy including Family Sessions-Mental Mental Status Exam (MSE); Non-Treatment: Intensive Family Prese | | |
| Other Services: | Mental Health | | | |
| Ristow, Rebecca | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)506-9288 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Ristow, Rebecca | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)506-9288 | |
| | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Rohren, Brenda | Behavioral Health Resources, LLC | 7441 O Street, Suite 107 Lincoln NB 68510 | (402)486-1101 | (402)486-4342 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | 0 | Adult Non-Residential ervices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | | pio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental aid); Assessment: Outpatient Psychiatric Evaluation; Assessment: N | | |
| | Therapy - Individual-Mental Health | | | ,, |
| Other Services: | | | | |
| Rohren, Brenda | Behavioral Health Resources, LLC | 7441 O Street, Suite 107 Lincoln NB 68510 | (402)486-1101 | (402)486-4342 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | Adult Non-Residential ervices Intervention/Ed Residential Services (| Services Outpatient - ucation; Juvenile Dutpatient - Individual |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Assessment: Outpatient Psychiatric Evaluation; Assessment: N | | erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
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| | Exam (MSE); Outpatient Therapy - Individual-Me | ntal Health | | |
| Other Services: | | | | |
| Ropte, Kerry | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia e Evaluations; Juvenile Non-Residential Services Intervention/Edu al Services Outpatient - Groups; Juvenile Non-Residential Service enile Non-Residential Services Outpatient - Co-Occurring Treatme | t - Family; Adult Non-Re Il Services Intensive Ou cation; Juvenile Non-Re s Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpati t Therapy-Co-occurring; Assessment: Pre-Treatment Assessment herapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Ropte, Kerry | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia e Evaluations; Juvenile Non-Residential Services Intervention/Edu- al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment (bio payebaccoid); Co-Occurring | t - Family; Adult Non-Re Il Services Intensive Ou cation; Juvenile Non-Re s Outpatient - Family; J | esidential Services tpatient Treatment; ssidential Services uvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpati t Therapy-Co-occurring; Assessment: Pre-Treatment Assessment herapy - Individual-Mental Health | | |
| | | | | |
| Roscoe, Wendell | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (402)890-2101 | (402)434-3972 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | No Voucher Acceptance; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|-----------------------|----------------------|
| Roscoe, Wendell | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (402)890-2101 | (402)434-3972 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | No Voucher Acceptance; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eveluations | valuations; Adult Residential Services Therapeutic Community; Juven | ile Assessment Serv | ices Substance Abus |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | ssment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Exeluations | valuations; Adult Residential Services Therapeutic Community; Juven | ile Assessment Serv | ices Substance Abus |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | ssment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | 0 | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Mental Health | lental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | curring; Outpatient T | herapy - Individual- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adult | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial); Co-Occurring | ing rreatment | |
| | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Mental Health | lental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | curring; Outpatient I | herapy - Individual- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Schlechte, Birgit | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | (402)441-8491 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Schlechte, Birgit | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | (402)441-8491 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | prvices; | | |
| Sedlacek, Beau | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens ent Assessment (Medicaid); Assessment: Co-Occurring; Outpatient Th | ive Outpatient: Inter | sive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Sedlacek, Beau | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu as Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| | | ng; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Co-Occurring; Outpatient 7 | | |
| Other Services: | Sliding Fee Scale; | | | |
| Shay, Brad | College View Harmony Health Center | 4719 Prescott Ave Lincoln NB 68506 | (402)413-9147 | (402)261-7149 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-fo- no-Residential Services Outpatient - Family; Juvenile Non-fo- o-Occurring Treatment | Adult Non-Residentia | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| 0 | | |
| | Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T Individual-Mental Health | reatment Assessmer | t (Medicaid); |
| Other Services: | | | | |
| Shay, Brad | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)873-5505 | (402)873-4896 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurri ment Assessment (bio-psychosocial); Co-Occurring | Adult Non-Residentia ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | | ental Health: Outpatient Therapy including Family Sessions-Mental F | lealth: Outpatient Th | erany - Co-occurring |
| | Assessment: Pre-Treatment Assessment (Medica Mental Health | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occ | | |
| Other Services: | Sliding Fee Scale; | | | |
| Shay, Brad | College View Harmony Health Center | 4719 Prescott Ave Lincoln NB 68506 | (402)413-9147 | (402)261-7149 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | 0 | Adult Non-Residentia | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment (| וסוס-psychosocial); כס-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T | reatment Accessor | t (Medicaid): |
| Juvenile Services: | Assessment: Co-Occurring; Outpatient Therapy - | | realment ASSessmer | it (ivieuicaiu), |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Shay, Brad | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)873-5505 | (402)873-4896 |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | | ment Assessment (bio-psychosocial); Co-Occurring | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu | | |
| Shay, Bradly | Monarch Counseling | 620 N 48th St Suite 202 Lincoln NB 68504 | (402)489-6196 | (402)904-4896 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre ment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); |
| Other Services. | | | | |
| Shay, Bradly | Monarch Counseling | 620 N 48th St Suite 202 Lincoln NB 68504 | (402)489-6196 | (402)904-4896 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tra ment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Sizer, Elizabeth | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)261-6470 | (402)474-0012 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile |

| Name | Agency | Address | Phone | Fax |
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| | Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Mental ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Inte | Health; Outpatient Th nsive Outpatient: Inter | erapy - Eating sive Outpatient |
| Other Services: | Therapy-Co-occurring; Outpatient Therapy - Indi | vidual-Mental Health | | |
| Sizer, Elizabeth | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)261-6470 | (402)474-0012 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia vices Substance Abus Von-Residential Servic | - Services Outpatient e Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Inte vidual-Mental Health | | |
| Other Services: | menupy of obtaining, outpatient merupy mai | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv i; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia vices Substance Abus Ion-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medic | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient Th | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial) | Adult Non-Residentia vices Substance Abus Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-M | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient Th | erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--------------------|
| Other Services: | Sliding Fee Scale; | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | 0 | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | - | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Sullivan, Erica | Erica JW Sullivan, LLC | 8101 O Street Ste 300 Lincoln NB 68510 | (402)882-2226 | (888)959-0716 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Sullivan, Erica | Erica JW Sullivan, LLC | 8101 O Street Ste 300 Lincoln NB 68510 | (402)882-2226 | (888)959-0716 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Trement: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); |
| Other Services: | | anen. 60 0000ming, Oulpalient merapy - individual-iviental mealur | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Tamayo, Kelly | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Substance Abuse Evaluations; Juvenile Non-Residential Servi venile Non-Residential Services Outpatient - Individual; Juvenile Non- | lult Non-Residential ices Intervention/Ed | Services Outpatien ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap; Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam (al Health | | |
| Other Services: | | | | |
| Tamayo, Kelly | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Mental Health Services: | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Family; Ju Occurring Treatment | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Substance Abuse Evaluations; Juvenile Non-Residential Servi venile Non-Residential Services Outpatient - Individual; Juvenile Non- (bio-psychosocial); Co-Occurring; Psychological Evaluation | ices Intervention/Ed | ucation; Juvenile |
| | Outpatient Therapy including Family Sessions-M | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam (| | |
| Other Services: | | | | |
| Taylor, Guy | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He ssessment: Co-Occurring; Outpatient Therapy - Individual-Mental Hea | | Iental Status Exam |
| Other Services: | (), | | | |
| Taylor, Guy | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He ssessment: Co-Occurring: Outpatient Therapy - Individual-Mental Hea | | Iental Status Exam |
| Other Services: | | , | | |

Other Services:

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|--|---|--|--|--|
| Name | Agency | Address | Phone | Fax |
| Thomas, Christina | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Edu es Outpatient - Groups; Adult Non-Residential Services Ou rvices Outpatient - Co-Occurring Treatment; Adult Non-Re Evaluations; Juvenile Non-Residential Services Intervential al Services Outpatient - Groups; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring T | Itpatient - Family; Adult Non-Re sidential Services Intensive Out on/Education; Juvenile Non-Re Services Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Thomas, Christina | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | |
| Substance Abuse Services. | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Edu es Outpatient - Groups; Adult Non-Residential Services Ou | utpatient - Family; Adult Non-Re | sidential Services |
| Substance Abuse Services. | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | | Itpatient - Family; Adult Non-Re sidential Services Intensive Out on/Education; Juvenile Non-Re Services Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve | es Outpatient - Groups; Adult Non-Residential Services Ou rvices Outpatient - Co-Occurring Treatment; Adult Non-Re Evaluations; Juvenile Non-Residential Services Interventi al Services Outpatient - Groups; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring T | Itpatient - Family; Adult Non-Re sidential Services Intensive Out on/Education; Juvenile Non-Re Services Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: Juvenile Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | es Outpatient - Groups; Adult Non-Residential Services Ou rvices Outpatient - Co-Occurring Treatment; Adult Non-Re Evaluations; Juvenile Non-Residential Services Interventi al Services Outpatient - Groups; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring T | Itpatient - Family; Adult Non-Re sidential Services Intensive Out on/Education; Juvenile Non-Re Services Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: Juvenile Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | es Outpatient - Groups; Adult Non-Residential Services Ou rvices Outpatient - Co-Occurring Treatment; Adult Non-Re Evaluations; Juvenile Non-Residential Services Interventi al Services Outpatient - Groups; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring T | Itpatient - Family; Adult Non-Re sidential Services Intensive Out on/Education; Juvenile Non-Re Services Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: Juvenile Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | es Outpatient - Groups; Adult Non-Residential Services Ou rvices Outpatient - Co-Occurring Treatment; Adult Non-Re Evaluations; Juvenile Non-Residential Services Interventi al Services Outpatient - Groups; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring T | Itpatient - Family; Adult Non-Re sidential Services Intensive Out on/Education; Juvenile Non-Re Services Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: Juvenile Services: Other Services: Thompson, Jessie Substance Abuse Services: Mental Health Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential | es Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring T (bio-psychosocial); Co-Occurring 2301 O St Lincoln NB 68510 23 | Itpatient - Family; Adult Non-Residential Services Intensive Out on/Education; Juvenile Non-Re Services Outpatient - Family; Ju reatment; Juvenile Non-Residen (402)441-7940 Jucation; Adult Non-Residential S Itpatient - Family; Adult Non-Residential Services Intensive Out on/Education; Juvenile Non-Re Services Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- ntial Services (402)441-8491 Services Care sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: Juvenile Services: Other Services: Thompson, Jessie Substance Abuse Services: Mental Health Services: Juvenile Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | es Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring T (bio-psychosocial); Co-Occurring 2301 O St Lincoln NB 68510 23 | Itpatient - Family; Adult Non-Residential Services Intensive Out on/Education; Juvenile Non-Re Services Outpatient - Family; Ju reatment; Juvenile Non-Residen (402)441-7940 Jucation; Adult Non-Residential S Itpatient - Family; Adult Non-Residential Services Intensive Out on/Education; Juvenile Non-Re Services Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- ntial Services (402)441-8491 Services Care sidential Services patient Treatment; sidential Services uvenile Non- |

| | Agency | Address | Phone | Fax |
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| Thompson, Jessie | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | (402)441-8491 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se e Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C enile Non-Residential Services Outpatient - Co-Occurring Treatment; | amily; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Thorne, Melissa | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services S | dult Non-Residential | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Thorne, Melissa | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services S | dult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services E t Residential Services Short Term Residential; Juvenile Assessment S Education; Juvenile Non-Residential Services Outpatient - Groups; Jur patient - Individual; Juvenile Non-Residential Services Outpatient - Co | dult Non-Residential Dual Residential (MH Services Substance / venile Non-Residenti | Services Outpatient //SA); Adult Abuse Evaluations; al Services Outpatier |
| | Residential Services Intensive Outpatient Treatm | nent | | |
| Mental Health Services: | Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring | nent | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | nent | | |

| Name | Agency | Address | Phone | Fax |
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| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | • |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D Residential Services Short Term Residential; Juvenile Assessment S ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv patient - Individual; Juvenile Non-Residential Services Outpatient - Co tent | dult Non-Residential Dual Residential (MH/ Services Substance A venile Non-Residentia | Services Outpatient - SA); Adult buse Evaluations; al Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Unruh, Angela | | 1821 Prospect St. Lincoln NB 68502 | (402)740-6900 | |
| Substance Abuse Services: | Adult Residential Services Extended Residential | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Unruh, Angela | | | | |
| Sinan, / ingola | | 1821 Prospect St. Lincoln NB 68502 | (402)740-6900 | |
| | Adult Residential Services Extended Residential | 1821 Prospect St. Lincoln NB 68502 | (402)740-6900 | |
| Substance Abuse Services: | Adult Residential Services Extended Residential Outpatient Therapy; Pre-Treatment Assessment | | (402)740-6900 | |
| Substance Abuse Services: | | | (402)740-6900 | |
| Substance Abuse Services: Mental Health Services: | | | (402)740-6900 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | | | (402)740-6900 (402)826-2000 | (402)826-2655 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: VanLaningham, Amanda | Outpatient Therapy; Pre-Treatment Assessment Blue Valley Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | (bio-psychosocial); Co-Occurring | (402)826-2000 ult Non-Residential S ing Treatment; Juven dential Services Outp | ervices Outpatient - ile Assessment |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: VanLaningham, Amanda Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment Blue Valley Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Ir | (bio-psychosocial); Co-Occurring 1212 Ivy Ave Suite 2 Crete NB 68333 raluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurrin individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | (402)826-2000 ult Non-Residential S ing Treatment; Juven dential Services Outp | ervices Outpatient - ile Assessment |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: VanLaningham, Amanda Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment Blue Valley Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Ir Crisis Phone Line; Outpatient Therapy; Pre-Treat Outpatient Therapy including Group Sessions-Me | (bio-psychosocial); Co-Occurring 1212 Ivy Ave Suite 2 Crete NB 68333 raluations; Adult Non-Residential Services Intervention/Education; Ad ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi | (402)826-2000 ult Non-Residential S ing Treatment; Juven dential Services Outp g Treatment ealth; Outpatient The | rapy - Eating |

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|-----------------|
| VanLaningham, Amanda | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete NB 68333 | (402)826-2000 | (402)826-2655 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Resid dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Pre-Treat | ment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He essment: Pre-Treatment Assessment (Medicaid); Assessment: Menta | | |
| Other Services: | Sliding Fee Scale; | | | |
| Velasquez, Jesus | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete NB 68333 | (402)657-2737 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Adu as Outpatient - Groups; Adult Non-Residential Services Outpatient - F | | |
| | Sliding Fee Scale; Bilingual Services; | | | |
| Velasquez, Jesus | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete NB 68333 | (402)657-2737 | |
| Mental Health Services: Juvenile Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual Outpatient Therapy; Co-Occurring | aluations; Adult Non-Residential Services Intervention/Education; Adu s Outpatient - Groups; Adult Non-Residential Services Outpatient - F | | |
| Other Services. | Sliding Fee Scale; Bilingual Services; | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| | Adult Residential Services Dual Residential (MH/ Pre-Treatment Assessment (bio-psychosocial) | SA) | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|-----------------------|
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| | Adult Residential Services Dual Residential (MH/ Pre-Treatment Assessment (bio-psychosocial) | SA) | | |
| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Waity, Cheryl | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| | | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Men | | erapy - Co-occurring; |
| Waity, Cheryl | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| | | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Men | | erapy - Co-occurring; |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|-------------------|
| Walls, Scott | KICKS Counseling | 237 S 70th St Ste 108 Lincoln NB 68510 | (402)483-5425 | |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me | (bio-psychosocial) ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Walls, Scott | KICKS Counseling | 237 S 70th St Ste 108 Lincoln NB 68510 | (402)483-5425 | |
| | | (bio-psychosocial) ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Weaver, Nikki | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Co-C Services Outpatient - Groups; Juvenile Non-Resi | Ips; Adult Non-Residential Services Outpatient - Family; Adult Non Dccurring Treatment; Adult Non-Residential Services Intensive Out dential Services Outpatient - Family; Juvenile Non-Residential Ser reatment; Juvenile Non-Residential Services Intensive Outpatient | patient Treatment; Juveni vices Outpatient - Individu | le Non-Residentia |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental by-Mental Health; Intensive Outpatient: Intensive Outpatient Therap tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy | by-Co-occurring; Assessm | ent: Pre-Treatme |
| Other Services: | | | | |
| Weaver, Nikki | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Co-C Services Outpatient - Groups; Juvenile Non-Resi | ps; Adult Non-Residential Services Outpatient - Family; Adult Non Occurring Treatment; Adult Non-Residential Services Intensive Out dential Services Outpatient - Family; Juvenile Non-Residential Ser reatment; Juvenile Non-Residential Services Intensive Outpatient | patient Treatment; Juveni vices Outpatient - Individu | le Non-Residentia |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental by-Mental Health; Intensive Outpatient: Intensive Outpatient Therap tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy | by-Co-occurring; Assessm | ent: Pre-Treatme |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|------------------------|---|
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residential | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental H Individual-Mental Health | lealth; Outpatient The | erapy - Co-occurring; |
| Other Services. | Sliding Fee Scale; | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residential | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental H Individual-Mental Health | leaith; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T Individual-Mental Health | reatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T Individual-Mental Health | reatment Assessmen | t (Medicaid); |
| Other Services: | | | | |

| Name | Agency | Addr | ess | Phone | Fax |
|---------------------------|---|--|-----------------------------------|----------------------|-----------------|
| Woodside, Rhonda | First Step Recovery Center | 300 S 68th St Place Suite 500 | Lincoln NB 68510 | (402)434-2730 | (402)434-3970 |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Medication Evaluation | | | | |
| Juvenile Services: | Assessment: Outpatient Psychiatric Evaluation; A | Assessment: Mental Status Exam (M | SE); Assessment: Medication Ma | anagement | |
| Other Services: | Sliding Fee Scale; | | | | |
| Woodside, Rhonda | First Step Recovery Center | 300 S 68th St Place Suite 500 | Lincoln NB 68510 | (402)434-2730 | (402)434-3970 |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Medication Evaluation | | | | |
| Juvenile Services: | Assessment: Outpatient Psychiatric Evaluation; A | Assessment: Mental Status Exam (M | SE); Assessment: Medication Ma | anagement | |
| Other Services: | Sliding Fee Scale; | | | | |
| Worley, Sarah | Daring Minds Therapy, LLC | 2001 Pine Lake Rd, Suite 200 | Lincoln NB 68512 | (531)289-1005 | (531)289-1002 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Substance Abuse Evaluations; Juvenile Non-Res | nt - Individual; Adult Non-Residential | Services Intensive Outpatient Tre | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | |
| | Outpatient Therapy including Family Sessions-Me Assessment: Mental Status Exam (MSE); Assess | | | eatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | | |
| Worley, Sarah | Daring Minds Therapy, LLC | 2001 Pine Lake Rd, Suite 200 | Lincoln NB 68512 | (531)289-1005 | (531)289-1002 |
| | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Substance Abuse Evaluations; Juvenile Non-Res Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; Adult Non-Residential idential Services Outpatient - Individ | Services Intensive Outpatient Tre | | |
| | Outpatient Therapy including Family Sessions-Massessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy - Co | | eatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 685 | 520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Assepsychosocial); Adults who Sexually Harm Evalua | | Sexually Harm Evaluation (YWS | H); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Assessment: Psychological Evaluation; Assessm | ental Health; Outpatient Therapy incl rder; Assessment: Pre-Treatment As | ssessment (Medicaid); Assessme | nt: Mental Status Ex | am (MSE); |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--------------------------------|---------------------------------|---------------|---------------|
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |

Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment Assessment (biopsychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation

Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment; Outpatient Therapy - Individual-Mental Health

Other Services:

Registered Service Providers for County: Lincoln

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|---|---|---|
| Bear, Angela | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenile as Outpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H | aalth: Outpatiant The | |
| Suvernie Services. | | by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brandyberry, Kyle | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| Charlton, Sonya | | 306 East 6th St. Suite 2 North Platte NB 69101 | (308)532-5565 | (308)532-5575 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inter ons; Juvenile Non-Residential Services Outpatient - Family; Juvenile tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service | sive Outpatient Treat Non-Residential Ser | ment; Juvenile vices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | (bio-psychosocial); Co-Occurring ental Health; Assessment: Pre-Treatment Assessment (Medicaid); A | ssessment: Mental S | atus Exam (MSE); |

Registered Service Providers for County: Lincoln

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|---|
| Other Services: | | | | |
| Cleveland, Sharley | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)221-6902 | (308)221-6904 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | 0 | ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy | - Individual-Mental H | ealth |
| Other Services: | Sliding Fee Scale; | | | |
| Corbett, Ashley | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)530-9925 | (308)534-6540 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| Cornelius, Dawn | Community Outreach Services | 7608 S 25th Street Bellevue NB 68147 | (402)813-1147 | (402)933-7786 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|-------------------------|--|--|---|--|
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| | | valuations; Adult Non-Residential Services Outpatient - Groups; A | Adult Non-Residential Se | rvices Outpatient - |
| | Individual; Adult Non-Residential Services Outpa Outpatient Therapy; Co-Occurring | itient - Co-Occurring Treatment | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Eickhoff, Moriah | Moriah Eickhoff Counseling LLC | 809 S Silber Ave North Platte NB 69101 | (308)221-6868 | (308)221-6868 |
| | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; A ttient - Co-Occurring Treatment; Juvenile Assessment Services S e Non-Residential Services Outpatient - Individual; Juvenile Non | Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Family Sessions-M Assessment: Mental Status Exam (MSE); Outpat | ental Health; Outpatient Therapy - Co-occurring; Assessment: P tient Therapy - Individual-Mental Health | re-Treatment Assessmer | nt (Medicaid); |
| Other Services: | | | | |
| Fear, Janet | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | (308)696-3263 |
| | | valuations; Adult Non-Residential Services Outpatient - Groups; , tient - Co-Occurring Treatment; Adult Non-Residential Services | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Feldman, Theresa | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | (308)532-0389 |
| | | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | al; Adult Non-Residentia I Services Intervention/Ed Ion-Residential Services | Services Outpatient ducation; Juvenile Outpatient - Individua |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residentia uvenile Non-Residential Services Outpatient - Family; Juvenile N | al; Adult Non-Residentia I Services Intervention/Ec Ion-Residential Services eatment Assessment (bio | Services Outpatient ducation; Juvenile Outpatient - Individua -psychosocial); Co- |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | • |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | lental Health; Outpatient Therapy including Family Sessions-N Health; Assessment: Pre-Treatment Assessment (Medicaid); nt Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/I Outpatient - Groups; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Educa ces Outpatient - Groups; Adult Non-Residential Services Outp ervices Outpatient - Co-Occurring Treatment; Juvenile Assess Education; Juvenile Non-Residential Services Care Monitoring Services Outpatient - Family; Juvenile Non-Residential Service | atient - Family; Adult Non-Re ment Services Substance Ab 3 SA/MH; Juvenile Non-Resid | sidential Services buse Evaluations; lential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-N Disorder; Outpatient Therapy - Individual-Menta | lental Health; Outpatient Therapy including Family Sessions-N I Health | Mental Health; Outpatient The | erapy - Eating |
| Other Services: | Sliding Fee Scale; | | | |
| Hill, Jenee | Lotus Counseling LLC | 109 E 2nd St Suite 3 North Platte NB 69103 | (308)221-5100 | (308)221-5100 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment | | vidual; Adult Non-Residential ntial Services Intervention/Ed | Services Outpatient lucation; Juvenile |
| Juvenile Services: | | lental Health; Outpatient Therapy including Family Sessions-M sessment: Pre-Treatment Assessment (Medicaid); Assessme al Health | | |
| Other Services: | 0, 1 1, | | | |
| Kimzey Jr, LLoyd | Behavioral Medicine Associates LLC | 306 W 4th St North Platte NB 69101 | (308)534-4872 | (308)534-5653 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre | -Treatment Assessment (bio-psychosocial); Co-Occurring; Ps | ychological Evaluation | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Media | caid); Assessment: Mental Status Exam (MSE); Assessment: | Psychological Evaluation | |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|--|
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | Evaluation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I Assessment: Mental Status Exam (MSE); Asses | ental Health; Outpatient Therapy including Family Sessions-Mental order; Intensive Outpatient: Intensive Outpatient Therapy-Mental He Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assess sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatn t Mediation; Outpatient Therapy - Individual-Mental Health | ealth; Intensive Outpati ment: Pre-Treatment A | ent: Intensive ssessment (Medicaid |
| Other Services: | | | | |
| Lawton, Vicki | Alabaster LLC DBA Alabaster Counseling | 1300 E 4th St Ste C North Platte NB 69101 | (308)532-0083 | (308)532-4342 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | Adult Non-Residentia ervices Intervention/Ed | Services Outpatient ducation; Juvenile |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental sessment: Pre-Treatment Assessment (Medicaid); Assessment: Me | | |
| Other Services: | | | | |
| Lieske, Donald | Alabaster LLC DBA Alabaster Counseling | 1300 E 4th St Ste C North Platte NB 69101 | (402)314-0673 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; , ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Non-Residential Services Outpatient - Groups; Juvenile Non-Resi | curring Treatment; Juv | enile Assessment |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Mo Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental | Health; Outpatient Th | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Lund, Dave | | 108 East 2nd Street North Platte NB 69101 | (308)534-9271 | (308)534-1447 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ le Assessment Services Substance Abuse Evaluations; Juvenile No Family; Juvenile Non-Residential Services Outpatient - Individual; Ju ial Services Intensive Outpatient Treatment | urring Treatment; Adul | t Non-Residential s Outpatient - Groups |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---|---|---|--|---|
| | Outpatient Therapy - Individual-Mental Health | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental F | lealth; Outpatient Th | erapy - Co-occurring |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- co-Occurring Treatment | Adult Non-Residentia | l Services Outpatient ducation; Juvenile |
| Mental Health Services: | | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H nent: Mentoring; Outpatient Therapy - Individual-Mental Health | lealth; Assessment: | Co-Occurring; Non- |
| Other Services: | | ······································ | | |
| Morse, Stephaine | Platte Valley Counseling, LLC | 409 North Jeffers North Platte NB 69101 | (308)532-5565 | (308)532-5575 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurr ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | rring Treatment; Juve sidential Services Ou | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); A | ssessment: Mental S | Status Exam (MSE); |
| Other Services: | | | | |
| Musil, Randa | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)520-9026 | (308)534-6540 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Phillips, Jerri | Counseling Center | 421 N Oak North Platte NB 69101 | (308)530-8166 | (308)221-6691 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Assessment Services Substance Abuse Evaluations; Juvenile Nor Services Outpatient - Groups; Juvenile Non-Residential Services O | rring Treatment; Adu n-Residential Service utpatient - Individual; | It Non-Residential s |

Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment

| Name | Agency | Address | Phone | Fax | |
|---|---|--|--|--|--|
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- | |
| Juvenile Services: | Assessment: Mental Status Exam (MSE); Contra | Dutpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Contracted Services: Electronic Monitoring; Non-Treatment: Family Support Worker; Non-Treatment: Tracker (Except) An Douglas County); Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | | |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Raney, Sandra | Community Justice Center | 211 North 14th St, Suite 314 Lincoln NB 68508 | (308)225-4335 | (308)633-2020 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Spencer, Jennifer | Region II- Human Services | 110 N. Bailey North Platte NB 69103-1208 | (308)534-6029 | (308)534-6961 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile | aluations; Adult Non-Residential Services Outpatient - Family; Adult ient - Co-Occurring Treatment; Juvenile Assessment Services Subsi e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- | |
| | Treatment | | | | |
| Mental Health Services: | Treatment Outpatient Therapy; Pre-Treatment Assessment | /bio-psychosocial); Co-Occurring | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Co-occurring; | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Met | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Co-occurring; | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The (402)370-3140 | erapy - Co-occurring; | |
| Juvenile Services: Other Services: Starman, Beverly | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | ntal Health; Outpatient Therapy including Family Sessions-Mental H Individual-Mental Health | (402)370-3140 lult Non-Residential dult Non-Residential ces Substance Abus n-Residential Servic | Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil | |
| Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | Antal Health; Outpatient Therapy including Family Sessions-Mental H Individual-Mental Health 4432 Sunrise Place Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Adult Ant - Family; Adult Non-Residential Services Outpatient - Individual; A services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor-Residential Services Outpatient - Co-Occurring | (402)370-3140 lult Non-Residential dult Non-Residential ces Substance Abus n-Residential Servic | Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family | |
| Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatient Suon-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Me | Antal Health; Outpatient Therapy including Family Sessions-Mental H Individual-Mental Health 4432 Sunrise Place Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Adult Ant - Family; Adult Non-Residential Services Outpatient - Individual; A services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor-Residential Services Outpatient - Co-Occurring | (402)370-3140 lult Non-Residential dult Non-Residential ces Substance Abust n-Residential Servic ng Treatment; Juveni | Services Outpatient - Services Outpatient e Evaluations; Juvenil es Outpatient - Family le Non-Residential | |

| Name | Agency | Address | Phone | Fax |
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| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion; Psychological E | valuation |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurring | ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se itus Exam (MSE); Assessment: Psychological Evaluation; Assessme ient Therapy - Individual-Mental Health | xually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Sukup, Jennifer | First Step to Freedom | 516 North Dewey, suite 1 North Platte NB 69101 | (308)660-3257 | (800)616-0783 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | lion | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Assessment: Co-Occurring | aid); Assessment: Mental Status Exam (MSE); Assessment: Juvenile | Who Sexually Harm | Risk Assessment; |
| Other Services: | | | | |
| Waity, Cheryl | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | | erapy - Co-occurring; |
| Other Services: | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juver | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (| bio-psychosocial) | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Medication Management; Outpatient Therapy - Inc | | |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| White, Lisa | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R | lult Non-Residential dult Non-Residential vices Intervention/Ec | Services Outpatient lucation; Juvenile |

| Name | Agency | Address | Phone | Fax |
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| | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - Sliding Fee Scale; | ntal Health; Outpatient Therapy including Family Sessions-Mental He Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Young, Sandra | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)221-6902 | (308)221-6904 |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intensive Outpatient Treatment Dutpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | |
| | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); Ou | itpatient Therapy - Ir | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Brandyberry, Kyle | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Ec ent - Family; Adult Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment; Juvenile Assess n; Juvenile Non-Residential Services Outpatient - Groups; Individual; Juvenile Non-Residential Services Outpatient - t (bio-psychosocial); Co-Occurring | ndividual; Adult Non-Residential S ment Services Substance Abuse I Juvenile Non-Residential Services | ervices Outpatient - Evaluations; Juvenil Outpatient - Family |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M | Iental Health; Outpatient Therapy including Family Session py-Co-occurring; Assessment: Pre-Treatment Assessment | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-M Disorder; Day Treatment Day Treatment-Mental Treatment: Anger Management Class; Outpatier Sliding Fee Scale; | lental Health; Outpatient Therapy including Family Session Health; Assessment: Pre-Treatment Assessment (Medica nt Therapy - Individual-Mental Health | ns-Mental Health; Outpatient Thera aid); Assessment: Mental Status Ex | apy - Eating kam (MSE); Non- |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/R | valuations; Adult Non-Residential Services Intervention/Ec ces Outpatient - Groups; Adult Non-Residential Services C ervices Outpatient - Co-Occurring Treatment; Juvenile Ass Education; Juvenile Non-Residential Services Care Monito Services Outpatient - Family; Juvenile Non-Residential Ser t (bio-psychosocial) | Dutpatient - Family; Adult Non-Resi essment Services Substance Abus pring SA/MH; Juvenile Non-Reside | dential Services se Evaluations; ntial Services |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M Disorder; Outpatient Therapy - Individual-Mental | lental Health; Outpatient Therapy including Family Session | ns-Mental Health; Outpatient Thera | apy - Eating |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Juvenile Assessi ; Juvenile Non-Residential Services Outpatient - Groups; adividual; Juvenile Non-Residential Services Outpatient - C (bio-psychosocial) | ndividual; Adult Non-Residential ment Services Substance Abuse Juvenile Non-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Session aid); Outpatient Therapy - Individual-Mental Health | s-Mental Health; Outpatient The | rapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Gro ive Outpatient Treatment; Juvenile Assessment Services le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Ha | Substance Abuse Evaluations; J | uvenile Non- |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Session g; Intensive Outpatient: Intensive Outpatient Therapy-You itus Exam (MSE): Assessment: Psychological Evaluation: | th Who Sexually Harm; Assessn | nent: Pre-Treatment |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|------------------------------------|
| Boyce, Shelley | Shelley K Boyce, LIMHP, CPC | 314 S 14th St Suite 101 Ord NB 68862 | (308)728-9979 | (308)728-9980 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | Iental Health; Outpatient Therapy - Eating Disorder; Outpatient The | rapy - Individual-Menta | al Health |
| Other Services: | Sliding Fee Scale; | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | lental Health; Outpatient Therapy including Family Sessions-Mental caid); Assessment: Co-Occurring; Outpatient Therapy - Individual-M | | erapy - Co-occurrir |
| Other Services: | (| aiu), Assessment. Co-Occuming, Outpatient merapy - individual-iv | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm I | Evaluation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Asses | ental Health; Outpatient Therapy including Family Sessions-Mental order; Intensive Outpatient: Intensive Outpatient Therapy-Mental He Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assess isment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatr t Mediation: Outpatient Therapy - Individual-Mental Health | ealth; Intensive Outpati ment: Pre-Treatment A | ent: Intensive ssessment (Medic |

Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatient Therapy - Individual-Mental Health

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inter Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He Insive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inten Exam (MSE); Out-C | sive Outpatient of-Home: Foster Care |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (hig-psychosocial) | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | rapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ment Assessment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental He essment: Pre-Treatment Assessment (Medicaid); Assessment: Co-O ual-Mental Health | | |

| Name | Agency | Address | Phone | Fax |
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| Aase, Keven | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Assessment Services Substance Abuse Evaluati | valuations; Adult Non-Residential Services Intervention/Education; A ent - Co-Occurring Treatment; Adult Non-Residential Services Intens ons; Juvenile Non-Residential Services Intervention/Education; Juv atient - Co-Occurring Treatment; Juvenile Non-Residential Services | sive Outpatient Treatm enile Non-Residential | ent; Juvenile Services Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| | 1 17 | nily Support Worker; Non-Treatment: Supervised Visitation | | |
| Other Services: | | | | |
| Armstrong, Melissa | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Residential Servic Residential Services Intervention/Education; Juve | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; ces Short Term Residential; Juvenile Assessment Services Substar enile Non-Residential Services Outpatient - Groups; Juvenile Non-R ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential nce Abuse Evaluations Residential Services Or | Services Outpatient ; Juvenile Non- utpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | ental Health; Outpatient Therapy - Co-occurring; Outpatient Therap | y - Individual-Mental H | lealth |
| Other Services: | Sliding Fee Scale; | | - | |
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services | Adult Non-Residential | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluati Monitoring SA/MH; Juvenile Non-Residential Ser Services Outpatient - Individual; Juvenile Non-Res Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Resi SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu tesidential Services Dual Residential (MH/SA); Adult Residential Se ons; Juvenile Non-Residential Services Intervention/Education; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment; Juvenile N | Non-Residential Servio irring Treatment; Adult rvices Short Term Res enile Non-Residential atient - Family; Juvenil | ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Me ensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Co-Occurring; Non-T | Intensive Outpatient: Intensiv | ve Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bender, Jennifer | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | lual; Adult Non-Residential S al Services Intervention/Educ | ervices Outpatient - cation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Treatment: Intensive Family Preservation; Outpat | ental Health; Outpatient Therapy - Co-occurring; Assessment: tient Therapy - Individual-Mental Health | Pre-Treatment Assessment (| Medicaid); Non- |
| Other Services: | | | | |
| Bender-Brummels, Jennifer | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid | | lual; Juvenile Assessment Se | ervices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Mental Health | ental Health; Outpatient Therapy - Eating Disorder; Assessmer | t: Co-Occurring; Outpatient T | Therapy - Individual |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Boschult, Brandy | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)992-0333 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment (Medicaid); Outpatient Therapy - Ind | ental Health; Outpatient Therapy including Family Sessions-Me lividual-Mental Health | ental Health; Assessment: Pre | e-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Bowens Kissi Afare, | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Educati nt - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Juvenile Assessment Juvenile Non-Residential Services Outpatient - Groups; Juver Idividual; Juvenile Non-Residential Services Outpatient - Co-O | lual; Adult Non-Residential S Services Substance Abuse E nile Non-Residential Services | ervices Outpatient - Evaluations; Juvenil Outpatient - Family |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | py-Mental Health; Non-Treatment: Family Support Worker; Outpa | tient Therapy - Individua | I-Mental Health |
| Other Services: | Sliding Fee Scale; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Int it: Pre-Treatment Assessment (Medicaid); Assessment: Mental St arapy - Individual-Mental Health | | |
| Other Services: | | sapy - individual-ivientan realth | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Ment aid); Assessment: Co-Occurring; Outpatient Therapy - Individual- | | erapy - Co-occurring; |
| Other Services: | | | | |
| Carmichael, Kirk | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Service | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua vices Substance Abuse Evaluations; Juvenile Non-Residential Se ile Non-Residential Services Outpatient - Family; Juvenile Non-Re patient Treatment | al; Adult Non-Residentia rvices Intervention/Educ | I Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | atment Assessment (bio | o-psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Outpatient Therapy-Co-occurring; Outpatient The | lental Health; Outpatient Therapy - Co-occurring; Community Trea erapy - Individual-Mental Health | atment Aide; Intensive C | outpatient: Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | lental Health; Outpatient Therapy - Eating Disorder; Intensive Out t (Medicaid); Assessment: Mental Status Exam (MSE); Outpatien | | |
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Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Clyde, Gina | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | lental Health; Non-Treatment: Intensive Family Preservation; | ; Outpatient Therapy - Individ | ual-Mental Health |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Community Treatment Aide; Non-Treatment: Fa | mily Support Worker | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Juvenile Services: | | (bio-psychosocial) ental Health; Outpatient Therapy including Family Sessions- ve Family Preservation; Outpatient Therapy - Individual-Men | | Pre-Treatment |
| Cornwell, Shelli | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Co-Occurring Treatment; Adult Non Juvenile Assessment Services Substance Abuse | | patient - Individual; Adult Non Residential Services Short Te n/Education; Juvenile Non-Re | -Residential Service rm Residential; sidential Services |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Mental Health | lental Health; Outpatient Therapy - Co-occurring; Assessmer | nt: Co-Occurring; Outpatient T | Therapy - Individual- |
| Other Services: | Sliding Fee Scale; | | | |
| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| | Assessment: Mental Status Exam (MSE); Contra | (bio-psychosocial); Co-Occurring lental Health; Outpatient Therapy - Eating Disorder; Assessn acted Services: Tracker; Non-Treatment: Family Support Wo tment: Day Reporting; Non-Treatment: Anger Management (| rker; Non-Treatment: Intensiv | e Family Preservation |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | • |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | SH); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Asse | tion; Psychological Evaluation ental Health; Outpatient Therapy including Family Sessions-Mental H essment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; ient: Juvenile Who Sexually Harm Risk Assessment; Outpatient Ther | Assessment: Mental | Status Exam (MSE) |
| Other Services: | | | | |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Eating |
| Other Services: | Disorder; Outpatient Therapy - Individual-Mental | Health | | |
| Other Services. | | | | |
| Gadeken, Angela | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera ervices: Tracker; Contracted Services: Electronic Monitoring; Non-Tr | | |
| Other Services: | | | | |
| Glesinger, Kayla | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ups; Adult Non-Residential Services Outpatient - Family; Adult Non-R Dccurring Treatment; Adult Non-Residential Services Intensive Outpatervices Substance Abuse Evaluations; Juvenile Non-Residential Service Non-Residential | esidential Services (itient Treatment; Adu | Dutpatient - Individual; It Residential Service |

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Services Outpatient - Family; Juvenile Non-Resid Juvenile Non-Residential Services Intensive Outp Outpatient Therapy; Pre-Treatment Assessment | | al Services Outpatient - Co-C | Occurring Treatmen |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me by-Co-occurring; Assessment: Co-Occurring; Outpatient Thera | | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Hammock, Michelle | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Educati es Outpatient - Groups; Adult Non-Residential Services Outpat rvices Outpatient - Co-Occurring Treatment; Adult Non-Reside e Evaluations; Juvenile Non-Residential Services Intervention/E al Services Outpatient - Groups; Juvenile Non-Residential Services energie Non-Residential Services Outpatient - Co-Occurring Treat | tient - Family; Adult Non-Resintial Services Intensive Outpa ducation; Juvenile Non-Resid vices Outpatient - Family; Juv | dential Services atient Treatment; dential Services enile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me ensive Outpatient: Intensive Outpatient Therapy-Mental Health; | | |
| Other Services: | | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | | dual; Adult Non-Residential S ance Abuse Evaluations; Juv | ervices Intensive enile Non- |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Me by-Co-occurring; Assessment: Pre-Treatment Assessment (Me | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | ı | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psych | ological Evaluation; Assessm | ent: Juvenile Who |
| Other Services: | - | | | |

| Name | Agency | Address | Phone | Fax |
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| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psyc | hological Evaluation | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso | ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Int: Juvenile Who Sexually Harm Risk Assessment; Outpatient Ther | ent: Mental Status Ex | (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| Klassen, Ellie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Intervention/Education; Ac ent - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | rring Treatment; Juve idential Services Out | enile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H ing; Non-Treatment: Intensive Family Preservation; Outpatient Thera | | |
| Other Services: | Bilingual Services; | | | |
| Kraft, Denise | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: Mental Health Services: | | raluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| | | by-Mental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatier | | ring Treatment; Adult | Non-Residential |
| Juvenile Services: | | | | |
| Other Services | Sliding Fee Scale; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---|--|---|--|---|
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | Evaluation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I Assessment: Mental Status Exam (MSE); Asses | ental Health; Outpatient Therapy including Family Sessions-Mental He order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer Mediation; Outpatient Therapy - Individual-Mental Health | h; Intensive Outpatie nt: Pre-Treatment A | ent: Intensive ssessment (Medicaid |
| Other Services: | | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non individual; Juvenile Non-Residential Services Outpatient - Co-Occurring (hip-psychosocial): Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- ring; Non-Treatment: Intensive Family Preservation; Non-Treatment: A | Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | | | | |
| Larson, Beth | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Intensive Outpatient: Intensive Outpatient Therap Preservation | py-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid |); Non-Treatment: Ir | itensive Family |
| Larson, Donielle | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)371-0220 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Assessment Services Substance Abuse Evaluati Groups; Juvenile Non-Residential Services Outp | valuations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services S ions; Juvenile Non-Residential Services Intervention/Education; Juver atient - Family; Juvenile Non-Residential Services Outpatient - Individ on-Residential Services Intensive Outpatient Treatment; Juvenile Res | dult Non-Residential hort Term Residenti ile Non-Residential ual; Juvenile Non-Re | Services Outpatient - al; Juvenile Services Outpatient - esidential Services |
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Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

| Name | Agency | Address | Phone | Fax |
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| | | ental Health; Outpatient Therapy including Family Sessions-Ment aid); Assessment: Co-Occurring; Outpatient Therapy - Individual- | | erapy - Co-occurring; |
| Other Services. | Silding Fee Scale, | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Ment Insive Outpatient: Intensive Outpatient Therapy-Mental Health; In I: Pre-Treatment Assessment (Medicaid); Assessment: Mental St gency Supported); Out-Of-Home: Respite Care; Outpatient Thera | tensive Outpatient: Inter atus Exam (MSE); Out-0 | nsive Outpatient Of-Home: Foster Care |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Assessment: reatment: Anger Management Class; Outpatient Therapy - Individ | | nent (Medicaid); Non- |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Community Treatment Aide; Intensive O Disorder; Intensive Outpatient: Intensive Outpatie Exam (MSE); Contracted Services: Tracker; Com (Except Douglas County); Non-Treatment: Intensi | ental Health; Outpatient Therapy including Family Sessions-Ment Dutpatient: Intensive Outpatient Therapy-Mental Health; Intensive ent Therapy-Co-occurring; Assessment: Pre-Treatment Assessme tracted Services: Electronic Monitoring; Non-Treatment: Family S ive Family Preservation; Non-Treatment: Supervised Visitation; N unger Management Class; Non-Treatment: General Education Cla | e Outpatient: Intensive C ent (Medicaid); Assessm support Worker; Non-Tre Ion-Treatment: Day Rep | outpatient- Eating nent: Mental Status eatment: Tracker porting; Non- |
| Other Services: | Bilingual Services; | | | |
| Milligan, Debra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Therapy - Individual-Mental Health | aid); Assessment: Mental Status Exam (MSE); Non-Treatment: Ir | tensive Family Preserva | ation; Outpatient |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Mitchell, David | Associated Psychologists and Counselors LLC | 1306 N 13th St Norfolk NB 68702 | (402)371-8218 | |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation; Psychological Evaluation | | |
| Juvenile Services: Other Services: | Assessment: Psychological Evaluation | | | |
| Mitchell, David | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Psycholog | ical Evaluation | | |
| | Assessment: Psychological Evaluation | | | |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Ac idual; Adult Non-Residential Services Outpatient - Co-Occurrir | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Cubatanaa Abuaa Camilaaa | | | | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Mental Health Services: | Outpatient Therapy Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Me rvation: Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient The | apy - Eating |
| Mental Health Services: | Outpatient Therapy Outpatient Therapy including Group Sessions-Me Disorder; Non-Treatment: Intensive Family Prese | ental Health; Outpatient Therapy including Family Sessions-Me rvation; Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient The | apy - Eating |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Outpatient Therapy including Group Sessions-Me Disorder; Non-Treatment: Intensive Family Prese | | | apy - Eating (402)379-3933 |
| Mental Health Services: Juvenile Services: Other Services: Pelster-Hess, Brooke | Outpatient Therapy Outpatient Therapy including Group Sessions-Me Disorder; Non-Treatment: Intensive Family Prese Oasis Counseling International Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve | rvation; Outpatient Therapy - Individual-Mental Health | (402)379-2030 on; Adult Non-Residential S Jual; Adult Non-Residential S ance Abuse Evaluations; Ju Ion-Residential Services Ou | (402)379-3933 ervices Outpatient - Services Intensive venile Non- tpatient - Family; |
| Mental Health Services: Juvenile Services: Other Services: Pelster-Hess, Brooke Substance Abuse Services: | Outpatient Therapy Outpatient Therapy including Group Sessions-Me Disorder; Non-Treatment: Intensive Family Prese Oasis Counseling International Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In | arvation; Outpatient Therapy - Individual-Mental Health 333 W Norfolk Ave Ste 201 Norfolk NB 68701 aluations; Adult Non-Residential Services Intervention/Educati nt - Family; Adult Non-Residential Services Outpatient - Individ Short Term Residential; Juvenile Assessment Services Subst enile Non-Residential Services Outpatient - Groups; Juvenile N | (402)379-2030 on; Adult Non-Residential S Jual; Adult Non-Residential S ance Abuse Evaluations; Ju Ion-Residential Services Ou | (402)379-3933 ervices Outpatient - Services Intensive venile Non- tpatient - Family; |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Non-Residential Services Outpatient - Family; Ac Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Resid dult Non-Residential Services Outpatient - Individual; Adult Non-Resi sive Outpatient Treatment; Adult Residential Services Short Term Re sidential Services Outpatient - Groups; Juvenile Non-Residential Ser enile Non-Residential Services Outpatient - Co-Occurring Treatment; | dential Services Outp esidential; Juvenile A vices Outpatient - Fa | oatient - Co-Occurrin ssessment Services mily; Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid ient: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Rech, Kim | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)860-4014 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Residential | valuations; Adult Residential Services Dual Residential (MH/SA); Adu | ult Residential Service | es Extended |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Evaluations | valuations; Adult Residential Services Therapeutic Community; Juver | nile Assessment Serv | vices Substance Abu |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Oco | curring | |
| Other Services: | Sliding Fee Scale; | | - | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog | gical Evaluation | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Psychological Evaluation I-Mental Health | | |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Sotelo, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile adividual; Juvenile Non-Residential Services Outpatient - Co-Occu | al; Adult Non-Residential ervices Substance Abuse Non-Residential Service | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring; Assessment: | Pre-Treatment Assessn | nent (Medicaid) |
| Other Services: | Bilingual Services; | | | |
| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Adult Assessment Services Substance Abuse Ly | aluations; Adult Non-Residential Services Intervention/Education; | . Auuli Noli-Nesiuelillai . | |
| | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | nt - Family; Adult Non-Residential Services Outpatient - Individua ervices Substance Abuse Evaluations; Juvenile Non-Residential uvenile Non-Residential Services Outpatient - Family; Juvenile No o-Occurring Treatment | al; Adult Non-Residential Services Intervention/Ed | Services Outpatient lucation; Juvenile |
| Mental Health Services: | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Treatment Assessment (Medicaid); Assessment: | nt - Family; Adult Non-Residential Services Outpatient - Individua ervices Substance Abuse Evaluations; Juvenile Non-Residential uvenile Non-Residential Services Outpatient - Family; Juvenile No o-Occurring Treatment | I; Adult Non-Residential Services Intervention/Ed on-Residential Services (erapy - Co-occurring; As | Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Mental Health Services: | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M | nt - Family; Adult Non-Residential Services Outpatient - Individua ervices Substance Abuse Evaluations; Juvenile Non-Residential Suvenile Non-Residential Services Outpatient - Family; Juvenile No o-Occurring Treatment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Eating Disorder; Outpatient The | I; Adult Non-Residential Services Intervention/Ed on-Residential Services (erapy - Co-occurring; As | Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Mental Health Services: Juvenile Services: | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Treatment Assessment (Medicaid); Assessment: | nt - Family; Adult Non-Residential Services Outpatient - Individua ervices Substance Abuse Evaluations; Juvenile Non-Residential Suvenile Non-Residential Services Outpatient - Family; Juvenile No o-Occurring Treatment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Eating Disorder; Outpatient The | I; Adult Non-Residential Services Intervention/Ed on-Residential Services (erapy - Co-occurring; As | Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Treatment Assessment (Medicaid); Assessment: Mental Health Behavioral Health Specialist/Seekers of <u>Serenity</u> Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | nt - Family; Adult Non-Residential Services Outpatient - Individua ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Eating Disorder; Outpatient The Mental Status Exam (MSE); Non-Treatment: Intensive Family Pre 4432 Sunrise Place Columbus NB 68601 raluations; Adult Non-Residential Services Intervention/Education; at - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile dividual; Juvenile Non-Residential Services Outpatient - Co-Occu | al; Adult Non-Residential Services Intervention/Ed on-Residential Services (erapy - Co-occurring; As eservation; Outpatient Th (402)370-3140 ; Adult Non-Residential S al; Adult Non-Residential ervices Substance Abuse Non-Residential Service | Services Outpatient Jucation; Juvenile Dutpatient - Individual Seessment: Pre- herapy - Individual- Services Outpatient - Services Outpatient - Evaluations; Juveni es Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
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| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Adult | s who Sexually Harm | n Evaluation |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Community Treatment Aide; Assessment: Pre-Treatment Assessment (Medicaid); Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Streff, Tobin | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Residential Service Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Adu res Short Term Residential; Juvenile Assessment Services Substance nile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring hio-psychosocial); Co-Occurring | dult Non-Residential Abuse Evaluations sidential Services Ou | Services Outpatient - ; Juvenile Non- utpatient - Family; |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Community Treatment Aide; Intensive Outpatient | ntal Health; Outpatient Therapy including Family Sessions-Mental He Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: In id); Assessment: Co-Occurring; Outpatient Therapy - Individual-Men | tensive Outpatient T | erapy - Co-occurring; Therapy-Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp | venile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | id); Non-Treatment: Family Support Worker | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu ht - Family; Adult Non-Residential Services Outpatient - Individual; Ad iervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ntal Health; Outpatient Therapy including Family Sessions-Mental He y-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); | | erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Co-Occurring; Outpatient Therapy - Individual-N Sliding Fee Scale; | / /lental Health | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servi Outpatient - Individual; Adult Non-Residential S Juvenile Non-Residential Services Intervention/ | Evaluations; Adult Non-Residential Services Intervention/Educa ces Outpatient - Groups; Adult Non-Residential Services Outpatient ervices Outpatient - Co-Occurring Treatment; Juvenile Assess Education; Juvenile Non-Residential Services Outpatient - Gro tpatient - Individual; Juvenile Non-Residential Services Outpati | atient - Family; Adult Non-Re ment Services Substance Ab pups; Juvenile Non-Residenti | sidential Services ouse Evaluations; al Services Outpatien |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment As Occurring | sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- | -Treatment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medi | Nental Health; Outpatient Therapy including Family Sessions-N caid); Assessment: Co-Occurring; Non-Treatment: Anger Man | | |
| Other Services: | Education Class; Outpatient Therapy - Individua Sliding Fee Scale; | al-Mental Health | | |
| Wattier, Mary Rose | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educatio | valuations; Adult Non-Residential Services Intervention/Educa ient - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessmen n; Juvenile Non-Residential Services Outpatient - Groups; Juve Individual; Juvenile Non-Residential Services Outpatient - Co- | vidual; Adult Non-Residential nt Services Substance Abuse enile Non-Residential Servic | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| Mental Health Services: | | sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre | -Treatment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive O occurring; Assessment: Co-Occurring; Outpatie | utpatient: Intensive Outpatient Therapy-Mental Health; Intensiv nt Therapy - Individual-Mental Health | e Outpatient: Intensive Outp | atient Therapy-Co- |
| Other Services: | | | | |
| Wingate, Heather | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Wright, Chad | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services | : | | | |
| Montal Health Services | · Outpatient Therapy: Juvenile Pre-Treatment A | seesement (PTA): Juvenile Youth Who Sevually Harm Evaluation (YWG | H). Pro-Treatment (| seesement (bio- |

Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment Assessment (biopsychosocial); Adults who Sexually Harm Evaluation

Juvenile Services: Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatment: Intensive Family Preservation; Outpatient Therapy - Individual-Mental Health

Other Services: Sliding Fee Scale; Hearing Impaired;

| Name | Agency | Address | Phone | Fax |
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| Brandyberry, Kyle | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juveni ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ial; Adult Non-Residential S Services Substance Abuse I le Non-Residential Services | ervices Outpatient Evaluations; Juveni Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment | | | O |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mer by-Co-occurring; Assessment: Pre-Treatment Assessment (Med | | |
| | Assessment: Co-Occurring; Outpatient Therapy - | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services | | ental Health; Outpatient Therapy including Family Sessions-Mer Health; Assessment: Pre-Treatment Assessment (Medicaid); As | | |
| Other Services: | Treatment: Anger Management Class; Outpatien Sliding Fee Scale; | | | |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Educatio es Outpatient - Groups; Adult Non-Residential Services Outpatie rvices Outpatient - Co-Occurring Treatment; Juvenile Assessme ducation; Juvenile Non-Residential Services Care Monitoring S/ ervices Outpatient - Family; Juvenile Non-Residential Services C | ent - Family; Adult Non-Resi nt Services Substance Abu A/MH; Juvenile Non-Reside | dential Services se Evaluations; ntial Services |
| | 1 132 | | tol Lloolth, Outpotiont Thore | Dating |
| Juvenile Services. | Disorder; Outpatient Therapy Including Group Sessions-Me Disorder; Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy including Family Sessions-Mer Health | ital Health, Outpatient Thera | ipy - Eating |
| | Sliding Fee Scale; | | | |
| Other Services: | C | | | |
| Other Services: Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Jones, James Substance Abuse Services: Mental Health Services: | Community Justice Center | | (402)429-1050 | |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor-Residential Services Outpatient - Co-Occurrin (hio-psychosocial) | Adult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | lealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adul ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | Abuse Evaluations; | Juvenile Non- |
| | Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpati | ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessme ent Therapy - Individual-Mental Health | exually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Arnett Nickolaus, Theresa | SOZO Family Services | 616 13th St Suite 110 Aurora NB 68818 | (402)631-7267 | (402)694-4199 |
| | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Educ nt - Individual; Adult Non-Residential Services Outpatient - C | | Services Outpatient - |
| Juvenile Services: | Health; Assessment: Mental Status Exam (MSE) | ental Health; Outpatient Therapy - Eating Disorder; Intensive ; Outpatient Therapy - Individual-Mental Health | Outpatient: Intensive Outpat | ient Therapy-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Baughman, Emelise | | 717 16th St Central City NB 68826 | (308)380-1925 | (308)986-2374 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Fami nce Abuse Evaluations; Juvenile Non-Residential Services (| | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Indi (bis result result) | | Services Outpatient - |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions- essment: Pre-Treatment Assessment (Medicaid); Assessme ucation Class; Outpatient Therapy - Individual-Mental Health | ent: Co-Occurring; Non-Treat | |
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse | Evaluations | |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Adults who Sexually Harm Evaluation | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment (Medicaid); Non-Treatment: Intensiv | ental Health; Outpatient Therapy including Family Sessions- | | Pre-Treatment |
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| Name | Agency | Address | Phone | Fax |
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| Florez, Thomas | New Beginnings Family Services | 620 N Webb Rd Grand Island NB 68803 | (308)675-0060 | (308)339-1621 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Menta | I Health; Assessment: | Co-Occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Franssen, Tracee | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | (308)675-3342 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ esidential Services Outpatient - Family; Juvenile Non-Residential S reatment | urring Treatment; Juve | nile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre Individual-Mental Health | -Treatment Assessmer | nt (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psycholog | gical Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (308)339-0962 |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Outpatient - Groups; Juvenile Non-Res Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | urring Treatment; Juve idential Services Outpa | nile Assessment itient - Family; Juvenile |
| Montal Health Services | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre | -Treatment Assessmer | nt (Medicaid); |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Address | THONE | Ιαλ |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kennedy, Jr., William T. | | 2267 N Webb Rd Grand Island NB 68803 | (308)390-6948 | (308)624-2164 |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpati Outpatient Therapy; Co-Occurring | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual | adult Non-Residentiar | Services Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Kissack, Cynthia | Cynthia Kissack Counseling | 2517 S August Grand Island NB 68801 | (308)379-8619 | (308)385-5271 |
| Substance Abuse Services: | | | | |
| | 1 137 | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | py-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | | utpatient: Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatie | | irring Treatment; Adul | t Non-Residential |
| Juvenile Services: | oupatient merapy, rie-meathent Assessment | . (olo-psychosocial), co-occurring | | |
| | Sliding Foo Sooler | | | |
| Other Services. | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | Evaluation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatme t Mediation; Outpatient Therapy - Individual-Mental Health | th; Intensive Outpati ent: Pre-Treatment A | ent: Intensive ssessment (Medicaid) |
| Other Services: | | | | |
| McNichols, Stephanie | | 422 N Hastings Ave, Suite 206 Hastings NB 68901 | (402)440-6496 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services | Outpatient Therapy; Pre-Treatment Assessment | (bio psychosocial): Co Occurring | | |
| | outputient merupy, ne meathent about onthe | (bio-psychosocial), Co-Occurring | | |
| | 1 137 | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Co-occurring; |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | | ealth; Outpatient The | erapy - Co-occurring; |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health | | ealth; Outpatient The (402)336-4841 | erapy - Co-occurring; (402)336-4640 |
| Juvenile Services: Other Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; Building Blocks | ental Health; Outpatient Therapy including Family Sessions-Mental H | | |
| Juvenile Services: Other Services: Meyer, Jacquelyn Substance Abuse Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; Building Blocks | ental Health; Outpatient Therapy including Family Sessions-Mental H | | |
| Juvenile Services: Other Services: Meyer, Jacquelyn Substance Abuse Services: Mental Health Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; Building Blocks Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen | ental Health; Outpatient Therapy including Family Sessions-Mental H | (402)336-4841 ealth; Outpatient The sive Outpatient: Inter Exam (MSE); Out-O | (402)336-4640 erapy - Eating isive Outpatient Df-Home: Foster Care |
| Juvenile Services: Other Services: Meyer, Jacquelyn Substance Abuse Services: Mental Health Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; Building Blocks Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A | ental Health; Outpatient Therapy including Family Sessions-Mental H 118 N. 5th Street O'Neill NB 68763 ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | (402)336-4841 ealth; Outpatient The sive Outpatient: Inter Exam (MSE); Out-O | (402)336-4640 erapy - Eating isive Outpatient Df-Home: Foster Care |
| Juvenile Services: Other Services: Meyer, Jacquelyn Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; Building Blocks Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A | ental Health; Outpatient Therapy including Family Sessions-Mental H 118 N. 5th Street O'Neill NB 68763 ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | (402)336-4841 ealth; Outpatient The sive Outpatient: Inter Exam (MSE); Out-O | (402)336-4640 erapy - Eating isive Outpatient Df-Home: Foster Care |
| Juvenile Services: Other Services: Meyer, Jacquelyn Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rowe, Leisa | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; Building Blocks Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ex | ental Health; Outpatient Therapy including Family Sessions-Mental H 118 N. 5th Street O'Neill NB 68763 ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status igency Supported); Out-Of-Home: Respite Care; Outpatient Therapy | (402)336-4841 ealth; Outpatient The sive Outpatient: Inter Exam (MSE); Out-C Individual-Mental H (308)398-6050 | (402)336-4640 erapy - Eating isive Outpatient Of-Home: Foster Care ealth (308)398-6051 Services Care |
| Juvenile Services: Other Services: Meyer, Jacquelyn Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rowe, Leisa Substance Abuse Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; Building Blocks Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ex | ental Health; Outpatient Therapy including Family Sessions-Mental H 118 N. 5th Street O'Neill NB 68763 ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy 908 N. Howard Ave, Suite 102 Grand Island NB 68803 valuations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Individual; Adult Non-Residential Services Outpatient | (402)336-4841 ealth; Outpatient The sive Outpatient: Inter Exam (MSE); Out-C Individual-Mental H (308)398-6050 | (402)336-4640 erapy - Eating isive Outpatient Of-Home: Foster Care ealth (308)398-6051 Services Care |
| Juvenile Services: Other Services: Meyer, Jacquelyn Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rowe, Leisa Substance Abuse Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; Building Blocks Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen (Relative/Kinship); Out-Of-Home: Foster Care (A Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ex Monitoring SA/MH; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental H 118 N. 5th Street O'Neill NB 68763 ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy 908 N. Howard Ave, Suite 102 Grand Island NB 68803 valuations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Individual; Adult Non-Residential Services Outpatient | (402)336-4841 ealth; Outpatient The sive Outpatient: Inter Exam (MSE); Out-C Individual-Mental H (308)398-6050 | (402)336-4640 erapy - Eating isive Outpatient Of-Home: Foster Care ealth (308)398-6051 Services Care |

| Behavioral Health Specialist/Seekers of | | | | |
|--|--|--|--|---|
| Serenity | 4432 Sunrise Place Co | olumbus NB 68601 | (402)370-3140 | |
| Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | nt - Family; Adult Non-Resi Services Intensive Outpatier Juvenile Non-Residential S dividual; Juvenile Non-Resi | dential Services Outpatient - Individual; Ac nt Treatment; Juvenile Assessment Service Services Outpatient - Groups; Juvenile Nor | lult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | | |
| Assessment: Pre-Treatment Assessment (Medica | | | alth; Outpatient The | erapy - Co-occurring; |
| Sliding Fee Scale; | | | | |
| | 1811 Avenue A Scotts | bluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | ve Outpatient Treatment; Jue Non-Residential Services | uvenile Assessment Services Substance A Outpatient - Individual | buse Evaluations; | Juvenile Non- |
| Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta | ental Health; Outpatient The g; Intensive Outpatient: Inte tus Exam (MSE); Assessmo | erapy including Family Sessions-Mental He ensive Outpatient Therapy-Youth Who Sex ent: Psychological Evaluation; Assessmen | ealth; Outpatient The ually Harm; Assess | erapy - Youth Who ment: Pre-Treatment |
| | | | | |
| AMH Counseling | 802 W Norfolk Suite 1 | Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed | es Outpatient - Groups; Adu vices Outpatient - Co-Occu ducation; Juvenile Non-Res | Ilt Non-Residential Services Outpatient - F Irring Treatment; Juvenile Assessment Ser sidential Services Outpatient - Groups; Juv | amily; Adult Non-Re vices Substance Ab enile Non-Residenti | esidential Services puse Evaluations; al Services Outpatien |
| Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co | o-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio | -psychosocial); Co- |
| Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Education Class; Outpatient Therapy - Individual- | aid); Assessment: Co-Occu | | | |
| | Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Medica Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensis Residential Services Outpatient - Groups; Juvenil Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpatient Sliding Fee Scale; AMH Counseling Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Therapy; Juvenile Pre-Treatment Asses Outpatient Therapy; Juvenile Pre-Treatment Asses Outpatient Therapy; Juvenile Pre-Treatment Asses Occurring Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | Non-Residential Services Intervention/Education; Juvenile Non-Residential S Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Resi Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Ir Sliding Fee Scale; Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Therapy including Group Sessions-Mental Health; Outpatient Treatment; J Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occ Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Inter Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment Sliding Fee Scale; AMH Counseling Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Adu Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occu Juvenile Non-Residential Services Outpatient - Individual; Juvenile Co Occurring Outpatient Therapy including Group Sessions-Mental Health | Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health Sliding Fee Scale; <u>1811 Avenue A Scottsbluff NB 69361</u> Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult I Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental He Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy - Youth Who Sex Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment Assessment; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; <u>AMH Counseling</u> <u>802 W Norfolk Suite 1 Norfolk NB 68601</u> Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residenti | Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; 1811 Avenue A Scottsbluff NB 69361 (417)413-0085 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health Silding Fee Scale; MH Counseling 802 W Norfolk Suite 1 Norfolk NB 68601 < |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|-----------------------|---|
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (b | oio-psychosocial) | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As ISE); Assessment: Medication Management; Outpatient Therapy - Inc | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | • | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental He - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R Co-Occurring Treatment | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education is Outpatient - Groups; Adult Non-Residential Services Outpatier vices Outpatient - Co-Occurring Treatment; Adult Non-Residential ducation; Juvenile Non-Residential Services Care Monitoring SA/ rvices Outpatient - Family; Juvenile Non-Residential Services Outpatient venile Non-Residential Services Intensive Outpatient Treatment | t - Family; Adult Non-Resi al Services Intensive Outpa /MH; Juvenile Non-Resider utpatient - Individual; Juver | dential Services atient Treatment; ntial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Menta y-Mental Health; Intensive Outpatient: Intensive Outpatient Thera | | |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | | 921 W 36th st Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual; vices Outpatient - Individual | Juvenile Assessment Ser | vices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Assessment: Pre-Treatment Assessment (Medica | ntal Health; Outpatient Therapy including Family Sessions-Menta aid); Assessment: Co-Occurring; Outpatient Therapy - Individual- | | py - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education nt - Individual; Juvenile Assessment Services Substance Abuse I Services Outpatient - Groups; Juvenile Non-Residential Services | Evaluations; Juvenile Non- | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy - Eating Disorder; Outpatient The Co-Occurring; Outpatient Therapy - Individual-Mental Health | erapy - Co-occurring; Asse | ssment: Pre- |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Menta e Family Preservation; Outpatient Therapy - Individual-Mental He | | e-Treatment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Estrada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluati | ons | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | nent Assessment (bio | -psychosocial); Co- |
| | Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | reatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Adult non-Residential Services Intervention/Education; Adult in Co-Occurring Treatment; Juvenile Assessment Services Subsemile Non-Residential Services Outpatient - Individual; Juvenile Non- | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmeter | nent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-T sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | reatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Julies, Jailles | | | | |
| Substance Abuse Services: | | | | |
| , | | | | |
| Substance Abuse Services: Mental Health Services: | | General Education Class | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | General Education Class | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class 2122 Broadway Scottsbluff NB 69361 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: O Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S | 2122 Broadway Scottsbluff NB 69361 aluations; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Service | lult Non-Residential S | Services Outpatient |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra Substance Abuse Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: O Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | 2122 Broadway Scottsbluff NB 69361 aluations; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Service | lult Non-Residential S rvices Outpatient - Inc | Services Outpatient |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra Substance Abuse Services: Mental Health Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: O Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatment | 2122 Broadway Scottsbluff NB 69361 aluations; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser reatment | lult Non-Residential S rvices Outpatient - Ind nent Assessment (bio Health; Outpatient The d); Assessment: Men Ion-Treatment: Tutori | Services Outpatient dividual; Juvenile N -psychosocial); Co- erapy - Co-occurrin tal Status Exam ng; Non-Treatment |

| Name | Agency | Address | Phone | Fax | | | |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; <i>J</i> Services Intensive Outpatient Treatment; Juvenile Assessment Serv 3 Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential ices Substance Abuse on-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family | | | |
| | | Dutpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) | | | | | |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | | | |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | Abuse Evaluations; | Juvenile Non- | | | |
| | tpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation tpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who xually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment sessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk sessment; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Adult Residential | dividual; Adult Non-Residential | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions aid); Assessment: Co-Occurring; Outpatient Therapy - Indiv | | rapy - Co-occurring; |
| Other Services: | | ,, | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions /e Family Preservation; Outpatient Therapy - Individual-Me | | re-Treatment |
| Other Services: | Bilingual Services; | re ranning rieservation, Outpatient merapy - individual-we | | |
| Cornwell, Shelli | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | |
| Mental Health Services: Juvenile Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Co-Occurring Treatment; Adult Non- Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residenti Residential Services Intensive Outpatient Treatm Outpatient Therapy; Pre-Treatment Assessment | | tpatient - Individual; Adult Non- Residential Services Short Ter on/Education; Juvenile Non-Res Services Outpatient - Individual; | Residential Services m Residential; sidential Services ; Juvenile Non- |

| Name | Agency | Address | Phone | Fax |
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| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | 5, 5 | | () | |
| | Pre-Treatment Assessment (bio-psychosocial): A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Juvenile Services: | | | 0 / | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | () | () |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensit: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy | sive Outpatient: Inter s Exam (MSE); Out- | nsive Outpatient Of-Home: Foster Care |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | | cation; Adult Non-Residential Services Outpatient - Groups; Adult No ridual; Adult Non-Residential Services Outpatient - Co-Occurring Trea (bio-psychosocial); Co-Occurring | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment | dult Non-Residential | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Non-Treatment: Intensive Family Prese | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir (bio-psychosocial) | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | lealth; Outpatient The | erapy - Co-occurring; |
| Swantek, Mallory | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)371-3044 | |
| | | | . , | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual | raluations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; J rvices Intervention/Education; Juvenile Non-Residential Services Out | uvenile Assessment | Services Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Other Services: | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re ervices Substance Al venile Non-Resident | esidential Services buse Evaluations; ial Services Outpatien |

Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-

| Name | Agency | Address | Phone | Fax | | | |
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| | psychosocial); Co-Occurring | | | | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | tpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatment: Anger Management Class; Non-Treatment: General ucation Class; Outpatient Therapy - Individual-Mental Health | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Weber, Kristi | eber Behavioral Health 942 N 13th Geneva NB 68361 (402)759-3802 (402) | | | | | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occu | rring Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juver | Outpatient Therapy; Medication Evaluation; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | | | | |
| Juvenile Services: | | Dutpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Medication Management; Outpatient Therapy - Individual-Mental Health | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu ervices Substance Abuse Evaluations; Juvenile Non-Residentia uvenile Non-Residential Services Outpatient - Family; Juvenile No- o-Occurring Treatment | al; Adult Non-Residential | I Services Outpatient ducation; Juvenile | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Men Individual-Mental Health | tal Health; Outpatient The | erapy - Co-occurring; | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax | | | |
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| Attoungble, Ashley | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)873-5505 | | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential æs Substance Abuse n-Residential Service | Services Outpatient Evaluations; Juvenil s Outpatient - Family | | | |
| | | atient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | | |
| Juvenile Services: | | tpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); sessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 | | | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Treatment; Juvenile Assessment Serv Residential Services Intensive Outpatient Treatm | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | | | | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | | | | |
| Substance Abuse Services: | | | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | | | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who | | | |

Other Services:

| Name | Agency | Address | Phone | Fax | | | |
|---------------------------|--|--|--|---|--|--|--|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | | | | |
| Substance Abuse Services: | | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | | | | |
| Other Services: | Sliding Fee Scale; | ng Fee Scale; | | | | | |
| McDonald, Kathryn | Inroads To Recovery | bads To Recovery 2808 N 75th St Omaha NB 68134-6861 (402)932-2248 (402)932-355 | | | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services S | dult Non-Residential | Services Outpatient | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | | |
| Juvenile Services: | | | | | | | |
| Other Services: | | | | | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil | | | |
| | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental Hey-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - In | Co-occurring; Asses | sment: Pre-Treatmer | | | |
| Other Services: | | | | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | | | | |
| | Outpatient Therapy including Group Sessions-Me | ntal Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | (SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenil Treatment | valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr · Individual-Mental Health | eatment Assessmer | t (Medicaid); |
| Other Services: | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

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| Name | Agency | | Address | Phone | Fax |
| Betka, Cindy | FGH Inc | 942 N 13th St. | Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatie | | | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass Management Class; Non-Treatment: General Edu | sessment: Pre-Trea | atment Assessment (Medicaid); Assessment: Co-O | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlingto | on Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Outpatient Treatment; Juvenile Assessment Servi Residential Services Intensive Outpatient Treatment | vices Substance Ab | on-Residential Services Outpatient - Individual; Adu ouse Evaluations; Juvenile Non-Residential Service | | |
| Mental Health Services: | • | ont | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Harris, JennaLee | OZ-Some Possibilities Counseling | 6150 Highway | 136 STE 1 Hebron NB 68370 | (402)853-3929 | |
| | Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | ent - Family; Adult N ervices Substance uvenile Non-Reside co-Occurring Treatm | Non-Residential Services Outpatient - Individual; Ad Abuse Evaluations; Juvenile Non-Residential Servential Services Outpatient - Family; Juvenile Non-R nent | dult Non-Residential | Services Outpatient |
| | Outpatient Therapy; Pre-Treatment Assessment (| | 5 | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Non-Treatment: Anger Management Class; Non- | | ttient Therapy including Family Sessions-Mental He al Education Class; Outpatient Therapy - Individual- | | rapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 | Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually | Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Ment | tal Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | ment: Juvenile Who |
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Other Services:

| Name | Agency | Address | Phone | Fax | | | |
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| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | | | | |
| Substance Abuse Services: | | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | Hale Kroeker PC PO Box 684 1080 17th ST Henderson NB 68371 (402)723-4883 (402)723-4883 | | | | | |
| Substance Abuse Services: | | | | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | | | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt itensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer Mediation; Outpatient Therapy - Individual-Mental Health | h; Intensive Outpati nt: Pre-Treatment A | ent: Intensive ssessment (Medicaid | | | |
| Other Services: | | | | | | | |
| McNichols, Stephanie | | 422 N Hastings Ave, Suite 206 Hastings NB 68901 | (402)440-6496 | | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - Co-occurring; | | | |
| Other Services: | Outpatient Therapy - Individual-Mental Health Sliding Fee Scale; | | | | | | |
| Patitz, Beverly | New Dimensions Counseling | 223 East 14th, Suite 220 Hastings NB 68901 | (402)519-0159 | (402)463-9169 | | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluatio | ns | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- | | | |
| | Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Assessment: Treatment: Supervised Visitation; Outpatient The | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Assessment: Co-Occurring; Non-Treatm rapy - Individual-Mental Health | by - Co-occurring; As ent: Intensive Famil | ssessment: Pre- y Preservation; Non- | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |

| Name | Agency | Address | Phone | Fax | | |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of 4432 Sunrise Place Columbus NB 68601 (402)370-3140 Serenity | | | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil ndividual; Juvenile Non-Residential Services Outpatient - Co-Oco | ual; Adult Non-Residential Services Substance Abuse le Non-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | tol Lloolth, Outpotiont The | | | |
| Juvenile Services. | | ental Health; Outpatient Therapy including Family Sessions-Men aid); Outpatient Therapy - Individual-Mental Health | ital Health, Outpatient The | erapy - Co-occurring, | | |
| Other Services: | Sliding Fee Scale; | iding Fee Scale; | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations; Adult Non-Residential Services Outpatient - Co-Occu | rring Treatment | | | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessm | ent (bio-psychosocial) | | | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid ISE); Assessment: Medication Management; Outpatient Therapy | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | al; Adult Non-Residential Services Intervention/Ed | Services Outpatient - ucation; Juvenile | | |
| Juvenile Services: | Dutpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; sessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Aguilar, Christine | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)522-7234 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Attoungble, Ashley | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)873-5505 | |
| | Groups; Adult Non-Residential Services Outp Co-Occurring Treatment; Adult Non-Resident Non-Residential Services Intervention/Educat | Evaluations; Adult Non-Residential Services Intervention/Education; atient - Family; Adult Non-Residential Services Outpatient - Individual ial Services Intensive Outpatient Treatment; Juvenile Assessment Ser tion; Juvenile Non-Residential Services Outpatient - Groups; Juvenile - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurent (hio-nsychosocial): Co-Occurring | ; Adult Non-Residential rvices Substance Abuse Non-Residential Servic | Services Outpatient Evaluations; Juven es Outpatient - Fami |
| | | s-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre | Treatment Assessmen | t (Medicaid): |
| Suvernie Services. | | sessment: Co-Occurring; Outpatient Therapy - Individual-Mental Healt | | r (medicald), |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessme | ent (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | | s-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); | Assessment: Mental S | tatus Exam (MSE); |
| Other Services: | Assessment: Psychological Evaluation; Outpa | alient merapy - individual-mental mealth | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment A psychosocial); Adults who Sexually Harm Eva | Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (Y aluation: Psychological Evaluation | WSH); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Outpatient Therapy including Group Sessions Sexually Harm; Assessment: Pre-Treatment A | -Mental Health; Outpatient Therapy including Family Sessions-Menta Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluatic ssment: Juvenile Who Sexually Harm Risk Assessment; Outpatient Th | n; Assessment: Mental | Status Exam (MSE) |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | • |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenil |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy | - Individual-Mental He | ealth |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Res | sidential Services |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Engle, Christine | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); C | utpatient Therapy - In | dividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Evalu | ation; Psychological |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurring Therapy-Youth Who Sexually Harm; Intensive Out | ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health Itpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: F ment: Psychological Evaluation; Assessment: Juvenile Who Sexual | ; Intensive Outpatient: Pre-Treatment Assessr | Intensive Outpatient ment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | | erapy - Co-occurring; |
| Other Services. | Sliding Fee Scale; | | | |
| Harmes, Eric | | 5539 S. 27th St. Suite 104 Lincoln NB 68512 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-F evenile Non-Residential Services Outpatient - Family; Juvenile Non-F o-Occurring Treatment essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | Adult Non-Residential vices Intervention/Ed Residential Services | Services Outpatient - ducation; Juvenile Outpatient - Individual |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol I Health | | |
| Other Services: | | | | |
| Hinrichs, Robin | | 7441 O St. Ste 402 Lincoln NB 68510-2466 | (402)483-4215 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res o-Occurring Treatment | ring Treatment; Juve | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy including Family Sessions-Me Occurring; Outpatient Therapy - Individual-Menta | ental Health; Outpatient Therapy - Co-occurring; Assessment: Menta I Health | al Status Exam (MSE |); Assessment: Co- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services | | | | |
| Mental Health Services | Pre-Treatment Assessment (bio-psychosocial); | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Sexually Harm Risk Assessment | n; Assessment: Mental Status Exam (MSE); Assessment: Psycholog | ical Evaluation; Assess | ment: Juvenile Who |
| Other Services | | | | |
| Kelch, Tammy | | P.O. Box 264 Syracuse NB 68446 | (402)890-9957 | |
| | Family; Adult Non-Residential Services Outpati Services Substance Abuse Evaluations; Juveni Juvenile Non-Residential Services Outpatient - | | urring Treatment; Juve | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services | | | | |
| Other Services | | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Substance Abuse Services | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Adult Non-Residential Residential Services Short Term Residential; Ju SA/MH; Juvenile Non-Residential Services Out | Evaluations; Adult Non-Residential Services Care Monitoring SA/MH ient - Family; Adult Non-Residential Services Outpatient - Individual; I Services Intensive Outpatient Treatment; Adult Residential Service uvenile Assessment Services Substance Abuse Evaluations; Juvenil patient - Groups; Juvenile Non-Residential Services Outpatient - Far al Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential | ; Adult Non-Residential s Dual Residential (MH e Non-Residential Serv mily; Juvenile Non-Resi | Services Outpatient - /SA); Adult ices Care Monitoring dential Services |
| Mental Health Services | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services | Outpatient Therapy - Co-occurring; Intensive O | utpatient: Intensive Outpatient Therapy-Co-occurring | | |
| | Sliding Fee Scale; | | | |
| Other Services | 0 | | | |
| Other Services Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 Evaluations; Adult Non-Residential Services Outpatient - Individual | (402)639-2901 | |
| Korner, Jennifer | Hope and Wellness Center PC Adult Assessment Services Substance Abuse E | | (402)639-2901 | |
| Korner, Jennifer Substance Abuse Services | Hope and Wellness Center PC Adult Assessment Services Substance Abuse E Outpatient Therapy | | (402)639-2901 | |

| Name | Agency | Address | Phone | Fax |
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| | , goney | 71441000 | | Tux |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri on-Residential Services Partial Care; Adult Residential Services Dual Services Short Term Residential | ng Treatment; Adult | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| McDonald, Kathryn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | (402)932-3557 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services S | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Ir | Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Deine Mart | | | | (100) 100, 0017 |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Adults who Sexually Harm Eva | aluation; Psychologi | cal Evaluation |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Salvatore, Christine | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Intensive Outpatient: Intensive Outpatient Therap | y-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Shay, Brad | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)873-5505 | (402)873-4896 |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Crisis Phone Line; Outpatient Therapy; Pre-Treat Outpatient Therapy including Group Sessions-Me | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin ment Assessment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu | dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni ealth; Outpatient The | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family le Non-Residential erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Ticknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental H essment: Pre-Treatment Assessment (Medicaid); Assessment: Ment I Health | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subsi e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr Individual-Mental Health | reatment Assessmen | t (Medicaid); |
| Other Services: | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|--------------------------|--------------------------------|---------------------------------|---------------|---------------|
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services | : | | | |

Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment Assessment (biopsychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation

Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment; Outpatient Therapy - Individual-Mental Health

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|--|
| Crouch, Samuel | | 921 W 36th st Scottsbluff NB 69361 | (308)225-0500 | |
| | Abuse Evaluations; Juvenile Non-Residential Ser | 1 | venile Assessment S | ervices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | · · · · · | | - · |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | | erapy - Co-occurring |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatme Mediation; Outpatient Therapy - Individual-Mental Health | th; Intensive Outpati ent: Pre-Treatment A | ent: Intensive ssessment (Medicaid |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Health; Intensite Outpatient Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy | sive Outpatient: Inter s Exam (MSE); Out-0 | nsive Outpatient Of-Home: Foster Care |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---------------------------------------|
| Other Services: | | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia | t - Family; Adult Non-Re | esidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 2122 Broadway Scottsbluff NB 69361 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential : reatment | | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | atment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatme | ental Health; Outpatient Therapy including Family Sessions-Menta by-Mental Health; Assessment: Pre-Treatment Assessment (Medi- ent: Family Support Worker; Non-Treatment: Supervised Visitation ng; Non-Treatment: Anger Management Class; Non-Treatment: G | caid); Assessment: Men a; Non-Treatment: Tutori | tal Status Exam ng; Non-Treatment: |
| Other Services: | Sliding Fee Scale; | | | |
| Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | 5 | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax | | |
|--|--|---|---------------|---------------|--|--|
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non- Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non- Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | atient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring atient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); ssment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | |

Other Services:

| Dell, Rodney Substance Abuse Services: | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | | |
|---|---|---|--|--|
| Substance Abuse Services: | | cos o Bullington Sterno hastings no coson | (402)462-2066 | (402)462-2045 |
| | | valuations; Adult Non-Residential Services Outpatient - Individua vices Substance Abuse Evaluations; Juvenile Non-Residential S nent | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic | valuations; Adult Non-Residential Services Intervention/Educatio ses Outpatient - Groups; Adult Non-Residential Services Outpatie ervices Outpatient - Co-Occurring Treatment; Adult Non-Residen | ent - Family; Adult Non-Re | esidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | ; Assessment: Mental Status Exam (MSE); Assessment: Psycho | logical Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Adult Assessment Comisses Cubataness Abuse E | valuations; Adult Non-Residential Services Intervention/Educatio | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In | ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S n; Juvenile Non-Residential Services Outpatient - Groups; Juveni ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | Services Substance Abuse ile Non-Residential Servic | e Evaluations; Juveni es Outpatient - Famil |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S n; Juvenile Non-Residential Services Outpatient - Groups; Juveni ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | Services Substance Abuse ile Non-Residential Servic | e Evaluations; Juveni es Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---------------|---------------|
| Other Services: | Co-occurring; Assessment: Pre-Treatment Assess Sliding Fee Scale; | sment (Medicaid); Outpatient Therapy - Individual-Mental Health | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/S | SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|--|
| Brandyberry, Kyle | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juveni ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential S Services Substance Abuse I le Non-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | _ |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mer by-Co-occurring; Assessment: Pre-Treatment Assessment (Med Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| Montol Llookh Comisson | Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | es Outpatient - Groups; Adult Non-Residential Services Outpatie rvices Outpatient - Co-Occurring Treatment; Juvenile Assessme ducation; Juvenile Non-Residential Services Care Monitoring S/ ervices Outpatient - Family; Juvenile Non-Residential Services C | nt Services Substance Abu A/MH; Juvenile Non-Reside | se Evaluations; ntial Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | tal liasith. Outratiant Than | nu Fatian |
| Juvenile Services. | Disorder; Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy including Family Sessions-Mer Health | ital Health, Outpatient Thera | apy - Eaung |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 13 | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juveni ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ial; Adult Non-Residential S Services Substance Abuse I le Non-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mer aid); Outpatient Therapy - Individual-Mental Health | tal Health; Outpatient Thera | apy - Co-occurring; |

| Name | Agency | Address | Phone | Fax | |
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| Other Services: | Sliding Fee Scale; | | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | |
| | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - idividual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non- esidential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual utpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation | | | | |
| Juvenile Services: | utpatient Therapy, Fre-Treatment Assessment (bio-psychosocial), Co-Occurring, Addits who Sexually Harm Evaluation, Fsychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who exually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment ssessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk ssessment; Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | Sliding Fee Scale; | | | | |

| Name | Agency | Address | Phone | Fax |
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| Babutzke, Jamie | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (402)463-5684 | (402)463-5686 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Men | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Bomberger, Molly | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)293-0954 | (308)237-5953 |
| | | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- | | |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | g Treatment | s Outpatient - Family; |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Pre-Treatment Assessment | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | g Treatment | s Outpatient - Family; |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Pre-Treatment Assessment | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | g Treatment | (308)233-5216 |
| Juvenile Services: Other Services: Bomberger, Molly Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | g Treatment ion (308)293-0954 | . , |
| Juvenile Services: Other Services: Bomberger, Molly Substance Abuse Services: Mental Health Services: Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev | dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat 5404 Ave I Kearney NB 68847 raluations; Juvenile Assessment Services Substance Abuse Evaluation | g Treatment ion (308)293-0954 | |
| Juvenile Services: Other Services: Bomberger, Molly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Carlson, Nancy | Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C Counseling Toward Hope Adult Assessment Services Substance Abuse Ev | Adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat 5404 Ave I Kearney NB 68847 Faluations; Juvenile Assessment Services Substance Abuse Evaluation Co-Occurring; Adults who Sexually Harm Evaluation 710 Burlington Holdrege NB 68949 Faluations; Adult Non-Residential Services Intervention/Education; Adult | g Treatment ion (308)293-0954 ons (308)995-6691 ult Non-Residential 3 | (308)233-5216 (855)995-6830 |
| Juvenile Services: Other Services: Bomberger, Molly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Carlson, Nancy Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C Counseling Toward Hope Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | Adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat 5404 Ave I Kearney NB 68847 raluations; Juvenile Assessment Services Substance Abuse Evaluatio Co-Occurring; Adults who Sexually Harm Evaluation 710 Burlington Holdrege NB 68949 raluations; Adult Non-Residential Services Intervention/Education; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | g Treatment ion (308)293-0954 ons (308)995-6691 ult Non-Residential 3 | (308)233-5216 (855)995-6830 |
| Juvenile Services: Other Services: Bomberger, Molly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Carlson, Nancy Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C Counseling Toward Hope Adult Assessment Services Substance Abuse Ev | Adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat 5404 Ave I Kearney NB 68847 raluations; Juvenile Assessment Services Substance Abuse Evaluatio Co-Occurring; Adults who Sexually Harm Evaluation 710 Burlington Holdrege NB 68949 raluations; Adult Non-Residential Services Intervention/Education; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | g Treatment ion (308)293-0954 ons (308)995-6691 ult Non-Residential 3 | (308)233-5216 (855)995-6830 |

| Name | Agency | Address | Phone | Fax |
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| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Treatment; Juvenile Assessment Serv Residential Services Intensive Outpatient Treatm | raluations; Adult Non-Residential Services Outpatient - Individual; Ad vices Substance Abuse Evaluations; Juvenile Non-Residential Servic tent | | |
| EagleFeather Moreno, | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| Mental Health Services: Juvenile Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Intensive Outpatient T tment Assessment (bio-psychosocial) | | rvices Outpatient - |
| Eigenberg, Amy | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential, Juvenile Non-Residential Services Outpatient - Co-Occurrin | ring Treatment; Juve idential Services Ou | nile Assessment |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpa nent: Mental Status Exam (MSE); Assessment: Juvenile Who Sexual ental Health | tient Therapy - Co-o | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | • | | · · / | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inter Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensit: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inter Exam (MSE); Out- | nsive Outpatient Of-Home: Foster Care |
| Other Services: | | | | |
| Schoenefeld, Karrie | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Ad Int - Family; Adult Non-Residential Services Outpatient - Individual; Ar Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residentia es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Schroeder, Ashley | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ing Treatment; Adul Residential Service | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Men | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment I; Juvenile Non-Residential Services Outpatient - Groups; Juven Individual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential S Services Substance Abuse I nile Non-Residential Services | ervices Outpatient Evaluations; Juvenil Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me aid); Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Thera | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/M Family; Juvenile Non-Residential Services Outpatient Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | ial Services Intervention/Educential Service | cation; Juvenile |
| Juvenile Services: Other Services: | | Iental Health; Outpatient Therapy - Individual-Mental Health | | |
| | | | (| |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dual; Adult Non-Residential S ial Services Intervention/Edu | ervices Outpatient |
| | | ental Health; Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Thera | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass psychosocial); Adults who Sexually Harm Evaluation | essment (PTA); Juvenile Youth Who Sexually Harm Evaluatior ation: Psychological Evaluation | n (YWSH); Pre-Treatment As | sessment (bio- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Eating Disc | ental Health; Outpatient Therapy including Family Sessions-Me order; Assessment: Pre-Treatment Assessment (Medicaid); Ass nent: Juvenile Who Sexually Harm Risk Assessment; Outpatier | sessment: Mental Status Exa | m (MSE); |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name Agency | Address | Phone | Fax |
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Other Services:

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services | Assessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult N nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Serv ons; Juvenile Non-Residential Services Intervention/Education; Juven vices Outpatient - Groups; Juvenile Non-Residential Services Outpat esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- (bio psychosocial): Co Occurring | on-Residential Servi ring Treatment; Adul vices Short Term Re nile Non-Residential ient - Family; Juveni | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi ent Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatm | sive Outpatient: Inter | sive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bender, Jennifer | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ec | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | Treatment: Intensive Family Preservation; Outpat | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr tient Therapy - Individual-Mental Health | eatment Assessmer | it (iviedicald); ivon- |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|-----------------------------|---------------------|
| Bender-Brummels, Jennifer | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu vices Intervention/Education; Juvenile Non-Residential Services lential Services Outpatient - Individual | ial; Juvenile Assessment S | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy - Eating Disorder; Assessment: | Co-Occurring; Outpatient | Therapy - Individua |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bowens Kissi Afare, | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy | : Juvenile Non-Residential Services Outpatient - Groups; Juvenil dividual; Juvenile Non-Residential Services Outpatient - Co-Oco by-Mental Health; Non-Treatment: Family Support Worker; Outpa | curring Treatment; Juvenile | Non-Residential |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | · · · · · · | · · / | |
| Mental Health Services: | Outpatient Therapy: Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; In :: Pre-Treatment Assessment (Medicaid); Assessment: Mental S rapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Intensive Ou (Medicaid); Assessment: Mental Status Exam (MSE); Outpatier | | |
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Other Services: Sliding Fee Scale;

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| Name | Agency | Address | Phone | Fax |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Community Treatment Aide; Non-Treatment: Fan | nily Support Worker | | |
| Other Services: | | | | |
| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Assessment: Mental Status Exam (MSE); Contra | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre- cted Services: Tracker; Non-Treatment: Family Support Worker; Non- ment: Day Reporting; Non-Treatment: Anger Management Class; Nor | Treatment: Intensive | e Family Preservation |
| Other Services: | | | | |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - Eating |
| Other Services: | Disorder; Outpatient Therapy - Individual-Mental | nealth | | |
| Gadeken, Angela | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluatio | ns | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Contracted So Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap ervices: Tracker; Contracted Services: Electronic Monitoring; Non-Tre | y - Co-occurring; As eatment: Intensive Fa | sessment: Pre- amily Preservation; |
| Other Services: | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|--|--|---|--|---|
| Glesinger, Kayla | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juveni | ssessment Services Substance Abuse Evaluations; Adult Non-Residups; Adult Non-Residential Services Outpatient - Family; Adult Non- Dccurring Treatment; Adult Non-Residential Services Intensive Outp ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser le Non-Residential Services Outpatient - Family; Juvenile Non-Residential co-Occurring Treatment; Juvenile Non-Residential Services Intensive | Residential Services C atient Treatment; Adul vices Intervention/Edu dential Services Outpa | outpatient - Individual It Residential Service cation; Juvenile Non Itient - Individual; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I by-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - Ir | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residential Abuse Evaluations; Ju | Services Intensive |
| | | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental I | Lasth, Outpatiant The | |
| Juvenile Services. | | by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psy | chological Evaluation | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso | ental Health; Outpatient Therapy including Family Sessions-Mental I order; Assessment: Pre-Treatment Assessment (Medicaid); Assessn nent: Juvenile Who Sexually Harm Risk Assessment; Outpatient The | nent: Mental Status Ex | am (MSE); |
| Other Services | Cliding Foo Sooler | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | dult Non-Residential ces Substance Abus n-Residential Servic | I Services Outpatient - e Evaluations; Juvenile ces Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | aalth. Outpatiant Th | |
| Juvenile Services. | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- ng; Non-Treatment: Intensive Family Preservation; Non-Treatment: Individual-Mental Health | Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental H nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens : Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy | sive Outpatient: Inter s Exam (MSE); Out-0 | nsive Outpatient Of-Home: Foster Care |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre reatment: Anger Management Class; Outpatient Therapy - Individual | | nent (Medicaid); Non- |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Community Treatment Aide; Intensive O Disorder; Intensive Outpatient: Intensive Outpatie Exam (MSE); Contracted Services: Tracker; Cont | ental Health; Outpatient Therapy including Family Sessions-Mental H Dutpatient: Intensive Outpatient Therapy-Mental Health; Intensive Ou ent Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (irracted Services: Electronic Monitoring; Non-Treatment: Family Supp ive Family Preservation; Non-Treatment: Supervised Visitation; Non- inger Management Class; Non- | tpatient: Intensive O Medicaid); Assessm ort Worker; Non-Tre | outpatient- Eating nent: Mental Status eatment: Tracker |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Treatment: General Education Class; Outpatient Bilingual Services; | Therapy - Individual-Mental Health | | |
| Mitchell, David | Associated Psychologists and Counselors LLC | 1306 N 13th St Norfolk NB 68702 | (402)371-8218 | |
| | Outpatient Therapy; Adults who Sexually Harm E Assessment: Psychological Evaluation | valuation; Psychological Evaluation | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Mental Health Services: Juvenile Services: Other Services: | Adult Non-Residential Services Outpatient - Indiv Halfway-House Outpatient Therapy; Pre-Treatment Assessment | idual; Adult Non-Residential Services Outpatient - Co-Occurring ⊺ (bio-psychosocial); Co-Occurring | Freatment; Adult Residen | tial Services |
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Menta ervation; Outpatient Therapy - Individual-Mental Health | al Health; Outpatient The | rapy - Eating |
| Pelster-Hess, Brooke | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individua Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Groups; Juvenile Non individual; Juvenile Non-Residential Services Intensive Outpatient | I; Adult Non-Residential 3 ce Abuse Evaluations; Ju -Residential Services Ou | Services Intensive venile Non- tpatient - Family; |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Menta by-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy | | |
| Other Services | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ac Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res | ssessment Services Substance Abuse Evaluations; Adult Non-Reside dult Non-Residential Services Outpatient - Individual; Adult Non-Reside sive Outpatient Treatment; Adult Residential Services Short Term Re sidential Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; | lential Services Outp sidential; Juvenile As ices Outpatient - Fai | atient - Co-Occurring ssessment Services mily; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) ent: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | |
| | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog | ical Evaluation | |
| Juvenile Services: | Treatment Assessment (Medicaid); Assessment: | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Assessment: Psychological Evaluation; | | |
| Other Services: | Risk Assessment; Outpatient Therapy - Individua | I-Mental Health | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | aid); Outpatient Therapy - Individual-Mental Health | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | Abuse Evaluations; | Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | , , , | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se | | erapy - Youth Who |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol nt: Co-Occurring; Outpatient Therapy - Individual-Mental Health | ogical Evaluation; As | ssessment: Juvenile |
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Adul | ts who Sexually Harr | n Evaluation |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | lealth; Community Tr | eatment Aide; |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)371-3044 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual Outpatient Therapy; Co-Occurring | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; J vices Intervention/Education; Juvenile Non-Residential Services Out | uvenile Assessment | Services Substance |
| Juvenile Services: Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Other Octvices. | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | Sliding Fee Scale; | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juatient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re ervices Substance Al venile Non-Resident | esidential Services ouse Evaluations; ial Services Outpatier |

| Name | Agency | Address | Phone | Fax | | |
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| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | patient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Co- curring | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ntal Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Non-Treatment: Anger Management Mental Health | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Wright, Chad | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Assepsychosocial); Adults who Sexually Harm Evaluat | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion | H); Pre-Treatment A | Assessment (bio- | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient: Intensive Outpatient Therapy-Youth W | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Commu Vho Sexually Harm; Assessment: Pre-Treatment Assessment (Medica e Family Preservation; Outpatient Therapy - Individual-Mental Health | aid); Assessment: J | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Alexander, Jennifer | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual | Non-Residential Se | rvices Outpatient - |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Resource Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult N ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Services ons; Juvenile Non-Residential Services Intervention/Education; Juve vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- the services (Services Control Services) (Services (Services)) | on-Residential Servi ring Treatment; Adul vices Short Term Res nile Non-Residential ient - Family; Juveni | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment | | | - |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi ent Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatm | sive Outpatient: Inter | sive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bender-Brummels, Jennifer | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid | • | uvenile Assessment | Services Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Co- | Occurring; Outpatier | t Therapy - Individual |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Boss, Megan | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802 1863 | - (308)455-1400 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| Other Services. | | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| | | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Ment aid); Assessment: Co-Occurring; Outpatient Therapy - Individual- | | erapy - Co-occurring; |
| Other Services: | | | | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | I; Adult Non-Residentia Services Intervention/Econ-Residential Services | Services Outpatient ducation; Juvenile |
| Juvenile Services: Other Services: | Assessment: Pre-Treatment Assessment (Medic | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-C | Dccurring | |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |

| Name | Agency | Address | Phone | Fax |
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| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Intensive Outpatie (Medicaid); Assessment: Mental Status Exam (MSE); Outpatient The | | |
| Other Services: | Sliding Fee Scale; | | | |
| Childress, Brittany | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre | eatment Assessmen | t (Medicaid); |
| | | | | |
| Other Services: | | | | |
| Other Services: Colegrove, Jill | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 |
| Colegrove, Jill Substance Abuse Services: | Colegrove Counseling Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Residential | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp lential Services Outpatient - Individual | ult Non-Residential S | Services Outpatient - Services Substance |
| Colegrove, Jill Substance Abuse Services: Mental Health Services: | Colegrove Counseling Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp lential Services Outpatient - Individual | ult Non-Residential S ivenile Assessment S patient - Groups; Juv py - Co-occurring; As | Services Outpatient - Services Substance enile Non-Residentia sessment: Pre- |
| Colegrove, Jill Substance Abuse Services: Mental Health Services: | Colegrove Counseling Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Assessment: | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp lential Services Outpatient - Individual (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap | ult Non-Residential S ivenile Assessment S patient - Groups; Juv py - Co-occurring; As | Services Outpatient - Services Substance enile Non-Residentia sessment: Pre- |
| Colegrove, Jill Substance Abuse Services: Mental Health Services: Juvenile Services: | Colegrove Counseling Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Assessment: | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp lential Services Outpatient - Individual (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap | ult Non-Residential S ivenile Assessment S patient - Groups; Juv py - Co-occurring; As | Services Outpatient - Services Substance enile Non-Residentia sessment: Pre- |
| Colegrove, Jill Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Colegrove Counseling Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Assessment: Good Life Counseling & Support | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp lential Services Outpatient - Individual (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient T | ult Non-Residential S ivenile Assessment S patient - Groups; Juv by - Co-occurring; As Therapy - Individual-I | Services Outpatient - Services Substance enile Non-Residentia sessment: Pre- Mental Health |
| Colegrove, Jill Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Colon-Rodriguez, Luz Substance Abuse Services: Mental Health Services: | Colegrove Counseling Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Assessment: Good Life Counseling & Support Outpatient Therapy; Pre-Treatment Assessment of | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp lential Services Outpatient - Individual (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient T 2420 15th St Columbus NB 68601 | ult Non-Residential S ivenile Assessment S patient - Groups; Juv by - Co-occurring; As Therapy - Individual-I (402)562-0400 | Services Outpatient - Services Substance enile Non-Residentia sesssment: Pre- Mental Health (402)562-4001 |

| Name | Agency | Address | Phone | Fax |
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| Cornwell, Shelli | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment; Adult Non- Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Intensive Outpatient Treatm | | tient - Individual; Adult Non- sidential Services Short Ter Education; Juvenile Non-Res | Residential Services m Residential; sidential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: | Co-Occurring; Outpatient T | herapy - Individual- |
| Other Services: | Sliding Fee Scale; | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy including Family Sessions-M Health | ental Health; Outpatient The | rapy - Eating |
| Other Services: | | | | |
| Glesinger, Kayla | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juveni | ssessment Services Substance Abuse Evaluations; Adult Non ups; Adult Non-Residential Services Outpatient - Family; Adult Occurring Treatment; Adult Non-Residential Services Intensive rvices Substance Abuse Evaluations; Juvenile Non-Residential le Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment; Juvenile Non-Residential Services Intensive | Non-Residential Services O Outpatient Treatment; Adul al Services Intervention/Edu -Residential Services Outpa | utpatient - Individual t Residential Service cation; Juvenile Non- tient - Individual; |
| Mental Health Services: | Outpatient Therapy: Pre-Treatment Assessment | (bio-psychosocial). Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-M by-Co-occurring; Assessment: Co-Occurring; Outpatient Thera | | |
| Other Services: | Sliding Fee Scale; | | | |
| Griffin, Melissa | Meadows Behavioral Health INC. | 3314 26th St, Ste A Columbus NB 68601 | (402)564-9888 | (402)564-9899 |
| | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Groups | Adult Non-Residential Ser | |
| Substance Abuse Services: | | nt - Individual; Adult Non-Residential Services Outpatient - Co e Non-Residential Services Outpatient - Individual; Juvenile N | Occurring Treatment; Adult | Non-Residential |
| | Services Intensive Outpatient Treatment; Juvenile | nt - Individual; Adult Non-Residential Services Outpatient - Co e Non-Residential Services Outpatient - Individual; Juvenile N | Occurring Treatment; Adult | Non-Residential |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | | l; Adult Non-Residential e Abuse Evaluations; Ju | Services Intensive venile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Menta by-Co-occurring; Assessment: Pre-Treatment Assessment (Medic | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | | dults who Sexually Harm Evaluation; Psychological Evaluation Assessment: Mental Status Exam (MSE); Assessment: Psycholo | gical Evaluation; Assess | ment: Juvenile Who |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | , , , , | gical Evaluation; Assess | ment: Juvenile Who |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | , , , , | gical Evaluation; Assess (402)685-4130 | ment: Juvenile Who (402)685-4132 |
| Juvenile Services: Other Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC | Assessment: Mental Status Exam (MSE); Assessment: Psycholo | - | |
| Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC | Assessment: Mental Status Exam (MSE); Assessment: Psycholo | (402)685-4130 | |
| Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso | Assessment: Mental Status Exam (MSE); Assessment: Psycholo 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 sychological Evaluation al Health; Outpatient The sment: Mental Status Ex | (402)685-4132 erapy - Youth Who am (MSE); |
| Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso | Assessment: Mental Status Exam (MSE); Assessment: Psycholo 408 N Oakland Ave Oakland NB 68045 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); P ental Health; Outpatient Therapy including Family Sessions-Menta rder; Assessment: Pre-Treatment Assessment (Medicaid); Assess | (402)685-4130 sychological Evaluation al Health; Outpatient The sment: Mental Status Ex | (402)685-4132 erapy - Youth Who am (MSE); |
| Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Assessment: Psychological Evaluation; Assessm | Assessment: Mental Status Exam (MSE); Assessment: Psycholo 408 N Oakland Ave Oakland NB 68045 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); P ental Health; Outpatient Therapy including Family Sessions-Menta rder; Assessment: Pre-Treatment Assessment (Medicaid); Assess | (402)685-4130 sychological Evaluation al Health; Outpatient The sment: Mental Status Ex | (402)685-4132 erapy - Youth Who am (MSE); |
| Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Assessment: Psychological Evaluation; Assessm Sliding Fee Scale; Mid-Plains Center for Behavioral Healthcare Inc | Assessment: Mental Status Exam (MSE); Assessment: Psycholo 408 N Oakland Ave Oakland NB 68045 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); P ental Health; Outpatient Therapy including Family Sessions-Menta rder; Assessment: Pre-Treatment Assessment (Medicaid); Assess ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient T | (402)685-4130 sychological Evaluation Il Health; Outpatient The sment: Mental Status Ex herapy - Individual-Ment | (402)685-4132 erapy - Youth Who am (MSE); |
| Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Keezer, Chad | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Assessment: Psychological Evaluation; Assessm Sliding Fee Scale; Mid-Plains Center for Behavioral Healthcare Inc | Assessment: Mental Status Exam (MSE); Assessment: Psycholo 408 N Oakland Ave Oakland NB 68045 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); P ental Health; Outpatient Therapy including Family Sessions-Menta rder; Assessment: Pre-Treatment Assessment (Medicaid); Assess ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient T | (402)685-4130 sychological Evaluation Il Health; Outpatient The sment: Mental Status Ex herapy - Individual-Ment | (402)685-4132 erapy - Youth Who am (MSE); |
| Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Keezer, Chad Substance Abuse Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Assessment: Psychological Evaluation; Assessm Sliding Fee Scale; Mid-Plains Center for Behavioral Healthcare Inc Outpatient Therapy | Assessment: Mental Status Exam (MSE); Assessment: Psycholo 408 N Oakland Ave Oakland NB 68045 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); P ental Health; Outpatient Therapy including Family Sessions-Menta rder; Assessment: Pre-Treatment Assessment (Medicaid); Assess ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient T | (402)685-4130 sychological Evaluation Il Health; Outpatient The sment: Mental Status Ex herapy - Individual-Ment | (402)685-4132 erapy - Youth Who am (MSE); |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpaties | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A int - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services D renile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider | dult Non-Residentia Dual Residential (MH Non-Residential Serry; Juvenile Non-Res | l Services Outpatien I/SA); Adult vices Care Monitorin idential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Juvenile Services: | Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | | I Residential (MH/S/ | A); Adult Residential |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inter Exam (MSE); Out-0 | nsive Outpatient Of-Home: Foster Ca |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre- reatment: Anger Management Class; Outpatient Therapy - Individual- | | nent (Medicaid); No |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Disorder; Community Treatment Aide; Intensive Disorder; Intensive Outpatient: Intensive Outpatie Exam (MSE); Contracted Services: Tracker; Con (Except Douglas County); Non-Treatment: Intensive | ental Health; Outpatient Therapy including Family Sessions-Mental H Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Ou ent Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (tracted Services: Electronic Monitoring; Non-Treatment: Family Supp sive Family Preservation; Non-Treatment: Supervised Visitation; Non- Anger Management Class; Non-Treatment: General Education Class; | tpatient: Intensive O Medicaid); Assessm ort Worker; Non-Tre Treatment: Day Rep | utpatient- Eating ent: Mental Status atment: Tracker orting; Non- |
| | - | | | |
| Muhle, Mindy | Embark Counseling LLC | 3154 18th Ave Suite 7 Columbus NB 68601 | (402)942-9005 | |
| | Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Therapy; Pre-Treatment Assessment | vidual; Adult Non-Residential Services Outpatient - Co-Occurring Trea I Services Outpatient - Groups; Juvenile Non-Residential Services Ou esidential Services Outpatient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H | ıtpatient - Family; Ju | venile Non-Residentia |
| | | sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C | | |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Adult No vidual; Adult Non-Residential Services Outpatient - Co-Occurring Treation | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ortez, Darlyn | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)942-5084 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
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| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | essessment Services Substance Abuse Evaluations; Adult Non-Reside lult Non-Residential Services Outpatient - Individual; Adult Non-Reside sive Outpatient Treatment; Adult Residential Services Short Term Re- sidential Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; | ential Services Outp sidential; Juvenile As ices Outpatient - Far | atient - Co-Occurring sessment Services nily; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| | Intensive Outpatient: Intensive Outpatient Therap Assessment: Psychological Evaluation; Assessm | ental Health; Outpatient Therapy including Family Sessions-Mental He by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) ent: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Man | agement; Pre-Treatment Assessment (bio-psychosocial); Psychologi | cal Evaluation | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Mental Status Exam (MSE); Assessment: Psychological Evaluation; I-Mental Health | | |
| Other Services: | ······································ | | | |
| | | | | |
| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | raluations; Adult Non-Residential Services Intervention/Education; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R io-Occurring Treatment | ult Non-Residential S dult Non-Residential vices Intervention/Ed | Services Outpatient - Services Outpatient - ucation; Juvenile |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me | raluations; Adult Non-Residential Services Intervention/Education; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R io-Occurring Treatment | ult Non-Residential S dult Non-Residential vices Intervention/Ed esidential Services (by - Co-occurring; As | Services Outpatient - Services Outpatient - ucation; Juvenile Dutpatient - Individual |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Edu ont - Family; Adult Non-Residential Services Outpatient - Inc Services Intensive Outpatient Treatment; Juvenile Assessm ; Juvenile Non-Residential Services Outpatient - Groups; Ju adividual; Juvenile Non-Residential Services Outpatient - Co | lividual; Adult Non-Residential ent Services Substance Abuse uvenile Non-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | _ |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions aid); Outpatient Therapy - Individual-Mental Health | -Mental Health; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Steffen, Rachel | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Intervention/Edu tient - Co-Occurring Treatment | cation; Adult Non-Residential S | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy including Family Sessions | -Mental Health; Outpatient The | erapy - Individual- |
| Other Services: | | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Edu ant - Family; Adult Non-Residential Services Outpatient - Inc rvices Intervention/Education; Juvenile Non-Residential Ser | lividual; Juvenile Assessment | Services Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Other Services: | | | | |
| Thompson, Chelsa | Meadows Behavioral Health INC. | 3314 26th Street STE A Columbus NB 68601 | (402)564-9888 | (402)564-9899 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therepy including Family Cassions M | and all handlike the second set. Due The start set A second set (AA) | distant all a construction of the second second | |
| Juvenile Services: | Health | ental Health; Assessment: Pre-Treatment Assessment (Me | dicaid); Outpatient Therapy - Ii | ndividual-Mental |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|--|
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/Ed - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D Residential Services Short Term Residential; Juvenile Assessment S ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co ent | dult Non-Residential Dual Residential (MH Services Substance venile Non-Resident | Services Outpatient //SA); Adult Abuse Evaluations; al Services Outpatier |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Trotta, Beverly | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)942-9007 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co | amily; Adult Non-Re rvices Substance Al /enile Non-Resident | esidential Services puse Evaluations; ial Services Outpatier |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | nevehococial): Co |
| | Occurring | | , | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Non-Treatment: Anger Managemen | ealth; Outpatient Th | erapy - Co-occurring; |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Non-Treatment: Anger Managemen | ealth; Outpatient Th | erapy - Co-occurring; |
| Other Services: | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Education Class; Outpatient Therapy - Individual- | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Non-Treatment: Anger Managemen | ealth; Outpatient Th | erapy - Co-occurring; |
| Other Services: Weber, Kristi | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Education Class; Outpatient Therapy - Individual- Sliding Fee Scale; Weber Behavioral Health | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Non-Treatment: Anger Managemen Mental Health | ealth; Outpatient The t Class; Non-Treatm (402)759-3802 | erapy - Co-occurring; ent: General |
| Other Services: Weber, Kristi Substance Abuse Services: | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Education Class; Outpatient Therapy - Individual- Sliding Fee Scale; Weber Behavioral Health Adult Assessment Services Substance Abuse Evolution | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Non-Treatment: Anger Management Mental Health 942 N 13th Geneva NB 68361 | ealth; Outpatient The t Class; Non-Treatm (402)759-3802 Treatment | erapy - Co-occurring; ent: General |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|--|
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | • | dult Non-Residential S vices Intervention/Edu | ervices Outpatient - cation; Juvenile |
| | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - Sliding Fee Scale; | ental Health; Outpatient Therapy including Family Sessions-Mental H Individual-Mental Health | ealth; Outpatient Thera | apy - Co-occurring; |
| Wingate, Heather | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Arnett Nickolaus, Theresa | SOZO Family Services | 616 13th St Suite 110 Aurora NB 68818 | (402)631-7267 | (402)694-4199 |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | Services Outpatient - |
| | Outpatient Therapy; Co-Occurring | | | |
| | Health; Assessment: Mental Status Exam (MSE); | ental Health; Outpatient Therapy - Eating Disorder; Intensive Outpa ; Outpatient Therapy - Individual-Mental Health | tient: Intensive Outpa | tient Therapy-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | Adult Non-Residentia ervices Intervention/E | I Services Outpatient ducation; Juvenile |
| | 1 197 | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oc | ourring | |
| Other Services: | Assessment. Fre-freatment Assessment (medica | aid), Assessment. Mental Status Exam (MSE), Assessment. Co-OC | curring | |
| Other Services. | | | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental re Family Preservation; Outpatient Therapy - Individual-Mental Heal | | Pre-Treatment |
| Other Services: | Bilingual Services; | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder: Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy including Family Sessions-Mental Health | Health; Outpatient Th | erapy - Eating |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologi | cal Evaluation; Asses | sment: Juvenile Who |
| | , | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatie | | curring Treatment; Adul | t Non-Residential |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Adults who Sexually Harm | | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Dis Outpatient Therapy-Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Asses | Mental Health; Outpatient Therapy including Family Sessions-Menta order; Intensive Outpatient: Intensive Outpatient Therapy-Mental H Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assess ssment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatr at Mediation; Outpatient Therapy - Individual-Mental Health | ealth; Intensive Outpati ment: Pre-Treatment A | ent: Intensive ssessment (Medicaid |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Se n; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential | ; Adult Non-Residentia rvices Substance Abus | Services Outpatient e Evaluations; Juven |

| Name | Agency | Address | Phone | Fax |
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| | Services Outpatient - Co-Occurring Treatment; Ju | venile Non-Residential Services Intensive Outpatient Treatment | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Assessment: Pre-Treatment Assessment (Medica | ntal Health; Outpatient Therapy including Family Sessions-Menta aid); Outpatient Therapy - Individual-Mental Health | al Health; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; A ve Outpatient Treatment; Juvenile Assessment Services Substar e Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | ce Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurring | ntal Health; Outpatient Therapy including Family Sessions-Menta g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who tus Exam (MSE); Assessment: Psychological Evaluation; Assess ent Therapy - Individual-Mental Health | Sexually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/S | SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education, as Outpatient - Groups; Adult Non-Residential Services Outpatien vices Outpatient - Co-Occurring Treatment; Juvenile Assessmen | t - Family; Adult Non-Re Services Substance Al | esidential Services ouse Evaluations; |
| | | ducation; Juvenile Non-Residential Services Outpatient - Groups; atient - Individual; Juvenile Non-Residential Services Outpatient - | | |
| Mental Health Services: | Family; Juvenile Non-Residential Services Outpatient Outpatient Therapy; Juvenile Pre-Treatment Asse | | Co-Occurring Treatme | nt |
| | Family; Juvenile Non-Residential Services Outpatient Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy including Group Sessions-Me | atient - Individual; Juvenile Non-Residential Services Outpatient essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea ental Health; Outpatient Therapy including Family Sessions-Menta aid); Assessment: Co-Occurring; Non-Treatment: Anger Manager | Co-Occurring Treatme atment Assessment (bio al Health; Outpatient The | nt -psychosocial); Co- erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occur | ring Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juver | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessme | ent (bio-psychosocial) | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicaic SE); Assessment: Medication Management; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | al; Adult Non-Residential Services Intervention/Ed | Services Outpatient lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Ment | al Health; Outpatient The | erapy - Co-occurring: |
| | Assessment: Co-Occurring; Outpatient Therapy - Sliding Fee Scale; | Individual-Mental Health | | 5. |

| Name | Agency | Address | Phone | Fax |
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| Andrews, Katherine | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Intensive Outpatient: Intensive Outpatie | ental Health; Outpatient Therapy including Family Sessions-Mental He ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient ent: Family Support Worker; Outpatient Therapy - Individual-Mental He | Eating Disorder; A | |
| Other Services: | | | | |
| Bear, Angela | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residentia es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He oy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brandyberry, Kyle | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ar Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residentia es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental Hepy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Disorder; Day Treatment Day Treatment-Mental Treatment: Anger Management Class; Outpatien | ental Health; Outpatient Therapy including Family Sessions-Mental He Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessr It Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Edu es Outpatient - Groups; Adult Non-Residential Services Ou ervices Outpatient - Co-Occurring Treatment; Juvenile Asse Education; Juvenile Non-Residential Services Care Monitori ervices Outpatient - Family; Juvenile Non-Residential Servi | tpatient - Family; Adult Non-Res ssment Services Substance Abu ng SA/MH; Juvenile Non-Reside | idential Services se Evaluations; ntial Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Disorder; Outpatient Therapy including Group Sessions-M Disorder; Outpatient Therapy - Individual-Mental Sliding Fee Scale; | ental Health; Outpatient Therapy including Family Sessions Health | s-Mental Health; Outpatient Ther | apy - Eating |
| Other Gervices. | Silding ree Scale, | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Phillips, Jerri | Counseling Center | 421 N Oak North Platte NB 69101 | (308)530-8166 | (308)221-6691 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juveni Intervention/Education; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Edu ent - Individual; Adult Non-Residential Services Outpatient - le Assessment Services Substance Abuse Evaluations; Juv I Services Outpatient - Groups; Juvenile Non-Residential S Treatment; Juvenile Non-Residential Services Intensive Out | Co-Occurring Treatment; Adult venile Non-Residential Services ervices Outpatient - Individual; Ju | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); P | re-Treatment Assessment (bio-p | sychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | lental Health; Outpatient Therapy - Co-occurring; Assessmo acted Services: Electronic Monitoring; Non-Treatment: Fam al-Mental Health | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Ruf, Brenda | Heartland Counseling | 1012 W 3rd PO Box 818 McCook NB 69001 | (308)345-2770 | (308)345-8857 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juveni | valuations; Adult Non-Residential Services Outpatient - Gro int - Individual; Adult Non-Residential Services Outpatient - le Assessment Services Substance Abuse Evaluations; Juv Family; Juvenile Non-Residential Services Outpatient - Indivitial Services Intensive Outpatient Treatment | Co-Occurring Treatment; Adult Nvenile Non-Residential Services | lon-Residential Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | | ental Health: Outpatient Therapy including Family Sessions | Mental Health: Outpatient Ther | any - Co-occurring |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations | aluations; Adult Residential Services Therapeutic Community; Juveni | le Assessment Serv | rices Substance Abuse |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| | | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occu | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad pervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring bio percension | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | a |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance e Non-Residential Services Outpatient - Individual | Abuse Evaluations; | Juvenile Non- |
| | | bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | , , , | |
| | Sexually Harm; Outpatient Therapy - Co-occurring | ntal Health; Outpatient Therapy including Family Sessions-Mental He g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sex tus Exam (MSE); Assessment: Psychological Evaluation; Assessmer ent Therapy - Individual-Mental Health | ually Harm; Assess | ment: Pre-Treatment |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring ntal Health; Outpatient Therapy including Family Sessions-Mental He | dult Non-Residential vices Intervention/Ec esidential Services (| Services Outpatient - Jucation; Juvenile Outpatient - Individual; |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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Other Services: Sliding Fee Scale;

Registered Service Providers for County: Richardson

| Name | Agency | Address | Phone | Fax |
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| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individua vices Substance Abuse Evaluations; Juvenile Non-Residential Se nent | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatie rvices Outpatient - Co-Occurring Treatment; Adult Non-Resident | nt - Family; Adult Non-Re | esidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychol | ogical Evaluation; Asses | sment: Juvenile Who |
| | | | | |
| Other Services: | | | | |
| Other Services: Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Jones, James Substance Abuse Services: Mental Health Services: | Community Justice Center | | (402)429-1050 | |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Community Justice Center | | (402)429-1050 | |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity | General Education Class 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir | General Education Class | (402)370-3140 n; Adult Non-Residential al; Adult Non-Residential ervices Substance Abus e Non-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | General Education Class 4432 Sunrise Place Columbus NB 68601 valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | (402)370-3140 n; Adult Non-Residential al; Adult Non-Residential ervices Substance Abus e Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |

Registered Service Providers for County: Richardson

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Co-occurring; Assessment: Pre-Treatment Asses Sliding Fee Scale; | sment (Medicaid); Outpatient Therapy - Individual-Mental Health | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/s | SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|--|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Adult Residential Serv | lual; Adult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Sliding Fee Scale; | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic | valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpati rvices Outpatient - Co-Occurring Treatment; Adult Non-Resider | ient - Family; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juven ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | lual; Adult Non-Residential Services Substance Abuse nile Non-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Me by-Mental Health; Intensive Outpatient: Intensive Outpatient The ring; Non-Treatment: Intensive Family Preservation; Non-Treatm ndividual-Mental Health | erapy-Co-occurring; Assess | sment: Pre-Treatmen |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|--|
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen | ental Health; Outpatient Therapy including Family Sessions-Mental I ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Inter it: Pre-Treatment Assessment (Medicaid); Assessment: Mental Statu igency Supported); Out-Of-Home: Respite Care; Outpatient Therapy | nsive Outpatient: Inter us Exam (MSE); Out- | nsive Outpatient Of-Home: Foster Care |
| Other Services: | | | | |
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I ervation; Outpatient Therapy - Individual-Mental Health | Health; Outpatient Th | erapy - Eating |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; . Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia ices Substance Abus Ion-Residential Servio | I Services Outpatient - e Evaluations; Juvenil ces Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medic | ental Health; Outpatient Therapy including Family Sessions-Mental I aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient Th | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; , tment Assessment (bio-psychosocial); Co-Occurring | | |
| | Disorder; Outpatient Therapy - Co-occurring; Ass Management Class; Outpatient Therapy - Individ | ental Health; Outpatient Therapy including Family Sessions-Mental I sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co- lual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual | Adult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co ucation Class; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual services Substance Abuse Evaluations; Juvenile Non-Residential S Jvenile Non-Residential Services Outpatient - Family; Juvenile Nor | ; Adult Non-Residential Services Intervention/Ec | Services Outpatient ducation; Juvenile |
| Mantal Llashh Carriana | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | ccurring | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | ccurring (402)890-7713 | (402)327-0404 |
| Juvenile Services: Other Services: Cowan, Jayme Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment Assessment: Pre-Treatment Assessment (Medica Jayme E Cowan LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | (bio-psychosocial); Co-Occurring aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oc 4316 S 48th St Suite 2 Lincoln NB 68516 valuations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ | (402)890-7713 Adult Non-Residential | () |
| Juvenile Services: Other Services: Cowan, Jayme Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment Assessment: Pre-Treatment Assessment (Medica Jayme E Cowan LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me | (bio-psychosocial); Co-Occurring aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oc 4316 S 48th St Suite 2 Lincoln NB 68516 raluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre- | (402)890-7713 Adult Non-Residential urring Treatment -Treatment Assessmer | Services Outpatient - |
| Juvenile Services: Other Services: Cowan, Jayme Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment Assessment: Pre-Treatment Assessment (Medica Jayme E Cowan LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me | (bio-psychosocial); Co-Occurring aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oc 4316 S 48th St Suite 2 Lincoln NB 68516 valuations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ (bio-psychosocial); Co-Occurring | (402)890-7713 Adult Non-Residential urring Treatment -Treatment Assessmer | Services Outpatient - |
| Juvenile Services: Other Services: Cowan, Jayme Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Assessment: Pre-Treatment Assessment (Medica Jayme E Cowan LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me | (bio-psychosocial); Co-Occurring aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oc 4316 S 48th St Suite 2 Lincoln NB 68516 raluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre- | (402)890-7713 Adult Non-Residential urring Treatment -Treatment Assessmer | Services Outpatient - |
| Juvenile Services: Other Services: Cowan, Jayme Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dell, Rodney | Outpatient Therapy; Pre-Treatment Assessment Assessment: Pre-Treatment Assessment (Medica Jayme E Cowan LLC Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me Assessment: Mental Status Exam (MSE); Assess Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ex | (bio-psychosocial); Co-Occurring aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oc 4316 S 48th St Suite 2 Lincoln NB 68516 raluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre- sment: Co-Occurring; Outpatient Therapy - Individual-Mental Healt 835 S Burlington Ste 115 Hastings NB 68901 raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services ND raluations; Adult Non-Residential Services ND raluations; Juvenile Non-Residential Services ND raluations; Juvenile Non-Residential Services ND raluations; Juvenile Non-Residential Services ND raluations; Juvenile N | (402)890-7713 Adult Non-Residential a urring Treatment -Treatment Assessmer h (402)462-2066 Adult Non-Residential S | Services Outpatient - nt (Medicaid); (402)462-2045 Services Intensive |
| Juvenile Services: Other Services: Cowan, Jayme Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dell, Rodney | Outpatient Therapy; Pre-Treatment Assessment Assessment: Pre-Treatment Assessment (Medica Jayme E Cowan LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me Assessment: Mental Status Exam (MSE); Assess Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ev Outpatient Treatment; Juvenile Assessment Servi Residential Services Intensive Outpatient Treatment | (bio-psychosocial); Co-Occurring aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oc 4316 S 48th St Suite 2 Lincoln NB 68516 raluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre- sment: Co-Occurring; Outpatient Therapy - Individual-Mental Healt 835 S Burlington Ste 115 Hastings NB 68901 raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services ND raluations; Adult Non-Residential Services ND raluations; Juvenile Non-Residential Services ND raluations; Juvenile Non-Residential Services ND raluations; Juvenile Non-Residential Services ND raluations; Juvenile N | (402)890-7713 Adult Non-Residential a urring Treatment -Treatment Assessmer h (402)462-2066 Adult Non-Residential S | Services Outpatient - nt (Medicaid); (402)462-2045 Services Intensive |
| Juvenile Services: Other Services: Cowan, Jayme Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dell, Rodney Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment Assessment: Pre-Treatment Assessment (Medica Jayme E Cowan LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me Assessment: Mental Status Exam (MSE); Assess Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ev Outpatient Treatment; Juvenile Assessment Servi Residential Services Intensive Outpatient Treatment | (bio-psychosocial); Co-Occurring aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oc 4316 S 48th St Suite 2 Lincoln NB 68516 raluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre- sment: Co-Occurring; Outpatient Therapy - Individual-Mental Healt 835 S Burlington Ste 115 Hastings NB 68901 raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services ND raluations; Adult Non-Residential Services ND raluations; Adult Non-Residential Services ND raluations; Juvenile Non-Residential Services ND raluations; Juvenile Non-Residential Services ND raluations; Juvenile Non-Residential Services ND raluations; Juvenile N | (402)890-7713 Adult Non-Residential a urring Treatment -Treatment Assessmer h (402)462-2066 Adult Non-Residential S | Services Outpatient - nt (Medicaid); (402)462-2045 Services Intensive |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se Juvenile Non-Residential Services Outpatient - Groups; Juvenile dividual; Juvenile Non-Residential Services Outpatient - Co-Occu | l; Adult Non-Residential rvices Substance Abuse Non-Residential Service | Services Outpatient - Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Outpatient Thera | py - Individual-Mental H | ealth |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien vices Outpatient - Co-Occurring Treatment; Adult Non-Residentia | t - Family; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dunham, Sarah | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (402)474-0011 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Se Juvenile Non-Residential Services Outpatient - Groups; Juvenile dividual; Juvenile Non-Residential Services Outpatient - Co-Occu (bio-psychosocial); Co-Occurring | l; Adult Non-Residential rvices Substance Abuse Non-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Family Preservation; Outpatient Therapy - Individual | | Therapy-Mental |
| Other Services: | | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individua | l; Adult Non-Residential | Services Outpatient - |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults v | vho Sexually Harm Eval | uation; Psychological |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Menta g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea utpatient: Intensive Outpatient Therapy-Co-occurring; | I Health; Outpatient The Ith; Intensive Outpatient | rapy - Youth Who Intensive Outpatient |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| W | ssessment: Pre-Treatment Assessment (Medica | | | |
|---------------------------|---|--|---|--|
| Other Services: S | Who Sexually Harm Risk Assessment; Outpatient | iid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo t Therapy - Individual-Mental Health | ogical Evaluation; Ass | essment: Juvenile |
| Herdman, John P | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| G C N | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R venile Non-Residential Services Outpatient - Family; Juvenile Non-R p-Occurring Treatment | dult Non-Residential S vices Intervention/Edu | Services Outpatient - ucation; Juvenile |
| Mental Health Services: O | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring; Psychologic | al Evaluation |
| A | | ntal Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo Health | | |
| Other Services: | | | | |
| Holmgreen, Amanda S | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: P | re-Treatment Assessment (bio-psychosocial); Ad | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Dutpatient Therapy - Youth Who Sexually Harm; / Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assessr | nent: Juvenile Who |
| Other Services: | | | | |
| Johnson, Jill A | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Fi S In S | Family; Adult Non-Residential Services Outpatien: Services Intensive Outpatient Treatment; Juvenile ntervention/Education; Juvenile Non-Residential S | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Ou sidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- | ing Treatment; Adult I Residential Services tpatient - Family; Juve | Non-Residential enile Non-Residentia |
| Mental Health Services: O | Dutpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| | | ntal Health; Outpatient Therapy including Family Sessions-Mental He | oolth: Outpotiont Thor | any - Co-occurring: |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kenning, Tamara | Turning Point Behavioral Health & Addiction Counseling PC | 122 S 4th St Seward NB 68434 | (402)641-2095 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | raluations; Adult Non-Residential Services Intervention/Education; Ad ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Family; Juvenile Non-Residential Services Out reatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ing Treatment; Adult Residential Services patient - Individual; | t Non-Residential |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring; Adults who Sexually Harm Evaluation | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient t Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me | : Intensive Outpatier edicaid); Assessmer | nt Therapy-Mental nt: Mental Status Ex |
| Other Services: | (MSE), Assessment. Co-Occurring, Outpatient II | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Ion-Residential Services Partial Care; Adult Residential Services Dua Services Short Term Residential | ing Treatment; Adult | t Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer Mediation; Outpatient Therapy - Individual-Mental Health | h; Intensive Outpati nt: Pre-Treatment A | ent: Intensive ssessment (Medica |

| Name | Agency | Address | Phone | Fax |
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| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Adults who Sexua | lly Harm Evaluation; Psychologic | cal Evaluation |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Eco ent - Family; Adult Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment; Juvenile Assess ; Juvenile Non-Residential Services Outpatient - Groups; adividual; Juvenile Non-Residential Services Outpatient - | ndividual; Adult Non-Residential ment Services Substance Abuse Juvenile Non-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Session aid); Outpatient Therapy - Individual-Mental Health | ns-Mental Health; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| VanLaningham, Amanda | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete NB 68333 | (402)826-2000 | (402)826-2655 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Intervention/Eduction nt - Individual; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Education; Juveni ndividual; Juvenile Non-Residential Services Outpatient - | Co-Occurring Treatment; Juver le Non-Residential Services Out | nile Assessment |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Pre-Treat | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Session sessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| Other Services: | Sliding Fee Scale; | | | |
| Velasquez, Jesus | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete NB 68333 | (402)657-2737 | |
| • | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intervention/Ec | | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | es Outpatient - Groups; Adult Non-Residential Services C | outpatient - Family; Adult Non-Re | sidential Services |
| | | es Outpatient - Groups; Adult Non-Residential Services C | utpatient - Family; Adult Non-Re | sidential Services |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual | es Outpatient - Groups; Adult Non-Residential Services C | utpatient - Family; Adult Non-Re | sidential Services |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---------------------|
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | (SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Intervention/Education; Ad ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (I | pio-psychosocial) | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As SE); Assessment: Medication Management; Outpatient Therapy - Inc | | |
| Other Services: | Sliding Fee Scale; | | | |
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpation | valuations; Adult Non-Residential Services Outpatient - Family; Adult l tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Family Sessions-Ma Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr Individual-Mental Health | eatment Assessmer | t (Medicaid); |
| Other Services: | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|--------------------------|--------------------------------|---------------------------------|---------------|---------------|
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services | : | | | |

Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment Assessment (biopsychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation

Juvenile Services: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment; Outpatient Therapy - Individual-Mental Health

Other Services:

| Name | Agonov | Address | Phone | Fax |
|--|--|--|--|---|
| Name | Agency | Address | FIIONE | Гах |
| Ackerman, Deanna | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residentia | | dult Non-Residential S s Care Monitoring SA/I | ervices Outpatient - MH; Juvenile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Class; Non-Treatment: General Education Class; | ental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Co-Occu | | |
| Other Services: | Sliding Fee Scale; | | | |
| Aguilar, Christine | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)522-7234 | |
| Mental Health Services: Juvenile Services: Other Services: | | 269 N. 115th St. Suite 1, Ometre NB 69154 | (402)/442 0040 | |
| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | o o Outrotiont |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Akers, Anita | Anita Akers PC | 11069 I St Omaha NB 68137 | (402)614-8444 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluatior | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Health | y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid |); Outpatient Therapy | Individual-Mental |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Address | Thome | I dA |
| Almquist, Keith | Achievement Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)669-3665 | (402)502-5102 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Res o-Occurring Treatment | rring Treatment; Juve | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: Outpatient Therapy - Individual-Mental Health | Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | Exam (MSE); Assess | sment: Co-Occurring |
| Other Services: | | | | |
| Andersen, Brian | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |
| Babutzke, Candace | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-3337 | (402)339-4358 |
| , | • | 7101 Newport Ave Ste 100 Omaha NB 68152 raluations; Adult Non-Residential Services Outpatient - Individual | (402)572-3337 | (402)339-4358 |
| Substance Abuse Services: | • | aluations; Adult Non-Residential Services Outpatient - Individual | (402)572-3337 | (402)339-4358 |
| Mental Health Services: | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | aluations; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental F | lealth; Outpatient The | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | aluations; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring | lealth; Outpatient The | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | aluations; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental F | lealth; Outpatient The | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Barrett-McClendon, | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Complete Family Treatment Services Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Services Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | lealth; Outpatient The ntal Health (888)405-8738 Jult Non-Residential S Family; Adult Non-Re ervices Substance At I; Juvenile Non-Resid | erapy - Co-occurring (531)210-3020 Services Care sidential Services buse Evaluations; lential Services |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Barrett-McClendon, Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Complete Family Treatment Services Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Services Juvenile Non-Residential Services Intervention/Er Outpatient - Groups; Juvenile Non-Residential Services Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer 10846 John Galt Blvd Omaha NB 68137 raluations; Adult Non-Residential Services Intervention/Education; Adult so Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment So ducation; Juvenile Non-Residential Services Care Monitoring SA/MH | lealth; Outpatient The ntal Health (888)405-8738 Jult Non-Residential S Family; Adult Non-Re ervices Substance At I; Juvenile Non-Resid | (531)210-3020 (531)210-3020 Services Care sidential Services buse Evaluations; lential Services |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Barrett-McClendon, Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Complete Family Treatment Services Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Juvenile Non-Residential Services Intervention/Er Outpatient - Groups; Juvenile Non-Residential Services Services Outpatient - Co-Occurring Treatment Crisis Stabilization; Outpatient Therapy; Pre-Treat Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inter | raluations; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Men 10846 John Galt Blvd Omaha NB 68137 raluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Si ducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient atment Assessment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Inten ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | lealth; Outpatient The ntal Health (888)405-8738 dult Non-Residential S Family; Adult Non-Re ervices Substance At I; Juvenile Non-Resid atient - Individual; Juv lealth; Outpatient The sive Outpatient: Inten | erapy - Co-occurring (531)210-3020 Services Care isidential Services use Evaluations; lential Services renile Non-Resident erapy - Eating sive Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Barrett-McClendon, | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (888)405-8738 | (531)210-3020 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education, ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | I; Adult Non-Residentia ervices Substance Abus Non-Residential Servic urring Treatment; Juven | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family ile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | atment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Menta sessment: Pre-Treatment Assessment (Medicaid); Assessment: C | | |
| Other Services: | Sliding Fee Scale; | | | |
| Batter, Sara | | 9239 W Center Rd #223 Omaha NB 68124 | (402)932-6643 | (402)614-3414 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Outpatient - Groups; Juvenile Non-Res Juvenile Non-Residential Services Outpatient - Co-Occurring Tre | curring Treatment; Juve sidential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre | e-Treatment Assessmer | nt (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Mental Health Intensive Mar Assessment (bio-psychosocial); Co-Occurring | valuations; Adult Non-Residential Services Intervention/Education, ant - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu nagement; Juvenile Pre-Treatment Assessment (PTA); Juvenile C py-Mental Health; Intensive Outpatient: Intensive Outpatient Thera | I; Adult Non-Residentia ervices Substance Abus Non-Residential Servic urring Treatment; Juven co-Occurring Evaluation | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family le Non-Residential (C/O); Pre-Treatment |

| Name | Agency | Address | Phone | Fax |
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| Bellinghausen, Angela | Angie Bellinghausen LLC | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)253-4277 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations; Juvenile Assessment Services Substance Abuse Evalu | ations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | lental Health; Outpatient Therapy - Co-occurring; Assessment: Pre sment: Co-Occurring; Outpatient Therapy - Individual-Mental Heal | | nt (Medicaid); |
| Other Services: | | | | |
| Bernthaler, Beth | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8509 | (402)455-7050 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult F Juvenile Non-Residential Services Outpatient - O Individual; Juvenile Non-Residential Services Outpatient | valuations; Adult Non-Residential Services Outpatient - Groups; Ar nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Residential Services Therapeutic Community; Juvenile Assessmer Groups; Juvenile Non-Residential Services Outpatient - Family; Jur utpatient - Co-Occurring Treatment; Juvenile Non-Residential Serv p Home; Juvenile Residential Services Short Term Residential | curring Treatment; Adul t Services Substance A /enile Non-Residential \$ | t Non-Residential buse Evaluations; Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | ssment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Berry, Shane | Continuum Counseling and Consultants, LLC | 919 Galvin RD S Bellevue NB 68805 | (402)522-6570 | (402)625-0664 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; ent - Individual; Adult Non-Residential Services Outpatient - Co-Oc | Adult Non-Residential curring Treatment | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | anning freatment | |
| Juvenile Services: | | · · · · · · | | |
| Juvenine Services. | | | | |

| Name | Agency | Address | Phone | Fax | | |
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| Blizek, Monica | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)455-8303 | (402)455-7050 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Short Term Residential; Juvenile Assessment Se | aluations; Adult Non-Residential Services Outpatient - Groups; Adult at - Individual; Adult Non-Residential Services Outpatient - Co-Occurr rvices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Individual; Juvenile Non-Resi erm Residential | ing Treatment; Adult ces Outpatient - Gro | Residential Services | | |
| | Occurring | 5 | | | | |
| | Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tru ment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Borer, Kersten | Kersten Borer LLC | 7602 Pacific St Ste 304 Omaha NB 68114 | (402)515-5383 | (402)933-6447 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential | Services Outpatient - lucation; Juvenile | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- | | |
| | Exam (MSE); Outpatient Therapy - Individual-Mer | Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (N ntal Health | ledicaid); Assessme | nt: Mental Status | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Bradley, Anthony | Meta Counseling LLC | 3606 N 156th St Suite 101-299 Omaha NB 68116 | (402)706-4043 | | | |
| | Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | Evaluations; Juvenile Non-Residential Services Intervention/Education ervices Outpatient - Family; Juvenile Non-Residential Services Outpation | | | | |
| | Mental Health Intensive Management; Pre-Treatm | nent Assessment (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicaid); Ot | Iterations Thorapy | adividual Montal | | |
| | Health | ental Health, Assessment. Fre-freatment Assessment (Medicald), Ot | npatient merapy - n | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Broekemeier, Robert | Robert Broekemeier Counseling LLC | 268 N 115th St Suite 1 Omaha NB 68154 | (402)965-1564 | (402)260-7125 | | |
| | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | - | ing Treatment; Juve | nile Assessment | | |
| | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy · | - Individual-Mental H | lealth | | |

| Name | Agency | Address | Phone | Fax |
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| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | valuations; Adult Non-Residential Services Intervention/Educa tpatient - Groups; Adult Non-Residential Services Outpatient rvices Intensive Outpatient Treatment; Adult Non-Residential | - Family; Adult Non-Residen | |
| Juvenile Services: | | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Scott | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | |
| Carter, Alyson | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | (402)292-0342 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | raluations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Juv ndividual; Juvenile Non-Residential Services Outpatient - Co- (bio-psychosocial): Co-Occurring | vidual; Adult Non-Residential nt Services Substance Abuse enile Non-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-N by-Co-occurring; Assessment: Co-Occurring; Outpatient Ther | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Cave, Korina | Lutheran Family Services of NE Inc | 1420 E Military Ave Fremont NB 68025 | (402)721-1774 | (402)721-9689 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Educa nt - Individual; Adult Non-Residential Services Outpatient - C | | |
| | | (big powebogggiel); Co Occurring | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial), Co-Occurring | | |

| News | | Address | Dhama | E |
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| Name | Agency | Address | Phone | Fax |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: Juvenile Services: | Crisis Phone Line; Emergency Medical Health Ev | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psych | osocial); Co-Occurri | ng |
| Other Services: | No Voucher Acceptance; | | | |
| Clark, Stephanie | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (402)707-9050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Cook, Count | Confidential Counseling & Consulting C/O Count Cook | 1941 S 42nd St Suite 110 Omaha NB 68105 | (402)457-5761 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Non-Residential Services Interver dential Services Outpatient - Individual; Juvenile Non-Residential Services | ntion/Education; Juve | enile Non-Residentia |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Assessment: I | Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Cornelius, Dawn | Community Outreach Services | 7608 S 25th Street Bellevue NB 68147 | (402)813-1147 | (402)933-7786 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Corrado, Michael | MAK Development (Michael's House) | 9007 F St Omaha NB 68127 | (402)917-0926 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; | | | |

| Name | Agency | Address | Phone | Fax | |
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| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE) sessment: Psychological Evaluation; Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evaluat | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion; Psychological Evaluation | H); Pre-Treatment A | ssessment (bio- | |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Mental He essment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; a ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Thera | Assessment: Mental | Status Exam (MSE); | |
| Other Services: | | | | | |
| Denker, Lindsay | Lindsay Denker LLC | 9239 W Center Rd Suite 226 Omaha NB 68124 | (402)932-6643 | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluati | ions; Juvenile Non- | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | curring; Outpatient T | herapy - Individual- | |
| Other Services: | | | | | |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service | dult Non-Residential es Substance Abuse | Services Outpatient - Evaluations; Juvenil | |
| | | Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | | es Outpatient - Family | |
| Mental Health Services: | Juvenile Non-Residential Services Outpatient - In | | | es Outpatient - Famil | |
| | Juvenile Non-Residential Services Outpatient - In Outpatient Therapy | | g Treatment | | |

| Name | Agency | Address | Phone | Fax |
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| DeVries, Shawn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu on-Residential Services Partial Care; Adult Residential Services Du | Irring Treatment; Adult | Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Mental Health Intensive Man | agement; Day Treatment; Pre-Treatment Assessment (bio-psychos | social); Co-Occurring | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; As Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Adult Non-Residential | - Family; Adult Non-Res | sidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dombrowski, Lydia | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)305-8881 | |
| | Adult Assessment Services Substance Abuse Ev | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | | | |
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adutient - Co-Occurring Treatment | Ilt Non-Residential Ser | vices Outpatient - |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Eftink-Cary, Rachel | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7062 | (402)339-4358 |
| | Individual; Adult Non-Residential Services Outpat | • | stance Abuse Evaluation | ons; Juvenile Non- |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | Health; Outpatient The ental Health | rapy - Co-occurring |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Eggert, Krysti | Looking Forward Counseling Services | 268 N. 115th St. #1 Omaha NB 68154 | (402)957-1709 | (402)807-7270 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; t - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Intervention/Education; Juvenile Non-F dividual; Juvenile Non-Residential Services Outpatient - Co-Occ | curring Treatment; Juver | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Me I Health | ntal Status Exam (MSE) | ; Assessment: Co- |
| Other Services: | | | | |
| Engle, Christine | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy - Ir | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Flowers, LaRhonda | Hope and Wellness Center PC | 11414 W Center Rd #233 Omaha NB 68144 | (402)639-2901 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Intensive Outpatie | | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre | -Treatment Assessment | (Medicaid); |
| Other Services: | Assessment: Co-Occurring; Outpatient Therapy - | | | |
| Francke, Jennifer | Jennifer Francke Psychotherapy LLC | 11907 Arbor St Suite G Omaha NB 68144 | (402)319-3016 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Co-Occurring Treatment | aluations; Adult Non-Residential Services Outpatient - Individual; | Adult Non-Residential S | ervices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| | | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Gaines, Denise | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Intervention/Educatior tient - Individual; Adult Non-Residential Services Outpatient - Co-O | | Services Outpatient |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessmer | nt (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Galvan, Ofelia | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)231-1978 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Gard, Gary | GG Enterprises | 10040 Regency Circle Ste 250 Omaha NB 68114 | (402)393-5432 | (402)393-0220 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmer | nt (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | aluation; Psychological E | valuation |
| Juvenile Services: | Outpatient: Intensive Outpatient Therapy-Menta | Mental Health; Outpatient Therapy - Youth Who Sexually Harm; O al Health; Intensive Outpatient: Intensive Outpatient Therapy-Youth ht: Mental Status Exam (MSE); Assessment: Psychological Evaluat Outpatient Therapy - Individual-Mental Health | h Who Sexually Harm; As | ssessment: Pre- |
| Other Services: | | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Intervention/Education tient - Family; Adult Non-Residential Services Outpatient - Individu | | |
| Mental Health Services: | | e-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults | who Sexually Harm Eva | luation; Psychologic |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occur Therapy-Youth Who Sexually Harm; Intensive | Mental Health; Outpatient Therapy including Family Sessions-Ment ring; Intensive Outpatient: Intensive Outpatient Therapy-Mental He Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessmer essment: Psychological Evaluation; Assessment: Juvenile Who Sev | alth; Intensive Outpatien nt: Pre-Treatment Assess | t: Intensive Outpaties sment (Medicaid); |
| Other Services: | Sliding Fee Scale: | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Gill, Jill | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | (402)991-3486 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; / | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Goodwin, Lori | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment S ducation; Juvenile Non-Residential Services Care Monitoring SA/MI ervices Outpatient - Family; Juvenile Non-Residential Services Outp | Family; Adult Non-Re ervices Substance A H; Juvenile Non-Resi | esidential Services buse Evaluations; dential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental I sessment: Pre-Treatment Assessment (Medicaid); Assessment: Mer | | |
| Other Services: | Occurring; Outpatient Therapy - Individual-Menta | il Health | | |
| Green, Faith | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; / | | |
| | Outpatient Therapy; Pre-Treatment Assessment | · · · · · · | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental I aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient Th | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Gunther-Lehman, Brittany | Brave Resilience Counseling LLC | 6716 S 148th Circle Omaha NB 68137 | (402)819-8047 | (402)625-0664 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | 0 | Adult Non-Residential S rvices Intervention/Edu | ervices Outpatient - cation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | | apy - Co-occurring; |
| | | | | |
| Hamilton, Teresa | Hamilton Behavioral Health Services | 203 W 29th Ave #6 Bellevue NB 68005 | (402)639-0435 | |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | ring Treatment; Juvenil ential Services Outpatie | le Assessment ent - Family; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatier ent (Medicaid); Assessment: Mental Status Exam (MSE); Assessme | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hamilton, Teresa | Wiles Counseling & Assessment, Inc. | 7551 Main St., Ste 250 Ralston NB 68127 | (402)639-0435 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual; Juvenile Non-Re | tance Abuse Evaluatio | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | lealth; Outpatient Thera | apy - Co-occurring; |
| Other Services: | | | | |
| Hancock, Katelynn | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|----------------------|-----------------------|
| Hansen, Lyndsey | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (531)355-7910 | (531)355-7916 |
| | | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur (bio-psychosocial); Co-Occurring | | rvices Outpatient - |
| Hansen, Mandy | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)537-7051 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Groups rvices Outpatient - Individual; Juvenile Non-Residential Services Out | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Me | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | 3, - 1, | | |
| Harmes, Eric | | 5539 S. 27th St. Suite 104 Lincoln NB 68512 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hart, Jill | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpat | , | t Non-Residential Se | rvices Outpatient - |
| Other Services: | Sliding Fee Scale; | | | |
| Harvey, Alexandra | Community Options Individual and Family Services LLC | 1941 S. 42nd St. Suite 134 Omaha NB 68105 | (308)293-1265 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Non-Treatment: Intensive Family Preservation; O | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); A Dutpatient Therapy - Individual-Mental Health | ssessment: Mental S | tatus Exam (MSE); |
| Other Services: | · · · · | | | |

| Name | Agency | Address | Phone | Fax |
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| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Res dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir e Residential Services Therapeutic Community or Therapeutic Group | ring Treatment; Juvenile sidential Services Outpa ng Treatment; Juvenile | e Assessment tient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hay-Holen, Patricia | MT Counseling | 11060 Oak St Suite 1 Omaha NB 68144 | (308)455-0145 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| | | | | |
| Other Services: | | | | |
| Other Services: Hayes, Jill | | 10840 Old Mill Road, Suite 300 Omaha NB 68154 | (402)321-2624 | |
| Hayes, Jill Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I enile Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Nor ses Short Term Residential | dult Non-Residential Se Adult Non-Residential Se Dual Residential (MH/S Non-Residential Service utpatient - Family; Juver | ervices Outpatient - A); Adult es nile Non-Residential |
| Hayes, Jill Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment; Juvenile Residential Servic Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap Treatment-Mental Health; Day Treatment: Day Tr | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I enile Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Nor ses Short Term Residential | dult Non-Residential Se Adult Non-Residential Se Dual Residential (MH/S Non-Residential Service utpatient - Family; Juver on-Residential Services lealth; Outpatient Thera -Co-occurring; Day Trea | ervices Outpatient - A); Adult es nile Non-Residential Intensive apy - Co-occurring; atment Day |
| Hayes, Jill Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment; Juvenile Residential Servic Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap Treatment-Mental Health; Day Treatment: Day Tr Outpatient Therapy - Individual-Mental Health | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I enile Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Services Out sidential Services Outpatient - Co-Occurring Treatment; Juvenile No es Short Term Residential (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy | dult Non-Residential Se Adult Non-Residential Se Dual Residential (MH/S Non-Residential Service utpatient - Family; Juver on-Residential Services lealth; Outpatient Thera -Co-occurring; Day Trea | ervices Outpatient - A); Adult es nile Non-Residential Intensive apy - Co-occurring; atment Day |
| Hayes, Jill Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment; Juvenile Residential Servic Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap Treatment-Mental Health; Day Treatment: Day Tr Outpatient Therapy - Individual-Mental Health | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I enile Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Services Out sidential Services Outpatient - Co-Occurring Treatment; Juvenile No es Short Term Residential (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy | dult Non-Residential Se Adult Non-Residential Se Dual Residential (MH/S Non-Residential Service utpatient - Family; Juver on-Residential Services lealth; Outpatient Thera -Co-occurring; Day Trea | ervices Outpatient - A); Adult es nile Non-Residentia Intensive apy - Co-occurring; atment Day |
| Hayes, Jill Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hebrank, Ida-Marie | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment; Juvenile Residential Servic Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap Treatment-Mental Health; Day Treatment: Day Tr Outpatient Therapy - Individual-Mental Health IM Hebrank Psychotherapy LLC Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I enile Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non- sidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- ses Short Term Residential (bio-psychosocial); Co-Occurring Intal Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- eatment - Co-occurring; Assessment: Pre-Treatment Assessment (Non- 1406 Fort Crook Rd S Ste 401 Bellevue NB 68005 aluations; Adult Non-Residential Services Intervention/Education; Adult | dult Non-Residential Se Adult Non-Residential Se Dual Residential (MH/S Non-Residential Service utpatient - Family; Juver on-Residential Services Health; Outpatient Thera -Co-occurring; Day Trea Medicaid); Assessment: (402)541-9698 dult Non-Residential Se | ervices Outpatient - A); Adult es nile Non-Residentia Intensive apy - Co-occurring; atment Day Co-Occurring; |
| Hayes, Jill Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hebrank, Ida-Marie Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment; Juvenile Residential Servic Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap Treatment-Mental Health; Day Treatment: Day Tr Outpatient Therapy - Individual-Mental Health IM Hebrank Psychotherapy LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatient | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A services Intensive Outpatient Treatment; Adult Residential Services I enile Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Services Out sidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor- ses Short Term Residential (bio-psychosocial); Co-Occurring antal Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- eatment - Co-occurring; Assessment: Pre-Treatment Assessment (Nor- 1406 Fort Crook Rd S Ste 401 Bellevue NB 68005 aluations; Adult Non-Residential Services Intervention/Education; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurring and the Individual; Adult Non-Residential Services Outpatient - Co-Occurring t - Individual; Adult Non-Residential Services Outpatient - Co-Occurring and to provide the Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring aluations; Adult Non-Residential Services Outpatient - Co-Occurring Adult Non-Residential Services Outpatient - C | dult Non-Residential Se Adult Non-Residential Se Dual Residential (MH/S Non-Residential Service utpatient - Family; Juver on-Residential Services Health; Outpatient Thera -Co-occurring; Day Trea Medicaid); Assessment: (402)541-9698 dult Non-Residential Se | ervices Outpatient - A); Adult es nile Non-Residentia Intensive apy - Co-occurring; atment Day Co-Occurring; |
| Hayes, Jill Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hebrank, Ida-Marie Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment; Juvenile Residential Servic Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap Treatment-Mental Health; Day Treatment: Day Tr Outpatient Therapy - Individual-Mental Health IM Hebrank Psychotherapy LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatient Outpatient Therapy; Pre-Treatment Assessment (| aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A services Intensive Outpatient Treatment; Adult Residential Services I enile Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Services Out sidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor- ses Short Term Residential (bio-psychosocial); Co-Occurring antal Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- eatment - Co-occurring; Assessment: Pre-Treatment Assessment (Nor- 1406 Fort Crook Rd S Ste 401 Bellevue NB 68005 aluations; Adult Non-Residential Services Intervention/Education; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurring and the Individual; Adult Non-Residential Services Outpatient - Co-Occurring t - Individual; Adult Non-Residential Services Outpatient - Co-Occurring and to provide the Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring aluations; Adult Non-Residential Services Outpatient - Co-Occurring Adult Non-Residential Services Outpatient - C | dult Non-Residential Se Adult Non-Residential Se Dual Residential (MH/S Non-Residential Service utpatient - Family; Juver on-Residential Services Health; Outpatient Thera -Co-occurring; Day Trea Medicaid); Assessment: (402)541-9698 dult Non-Residential Se | ervices Outpatient - A); Adult es nile Non-Residential Intensive apy - Co-occurring; atment Day Co-Occurring; |

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|------------------------|
| Hernandez, Antonieta | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: Other Services: | Outpatient Therapy including Family Sessions-M | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Substance Abuse Services: | Adult Residential Services Therapeutic Commun Residential | ity; Juvenile Residential Services Halfway-House or SA Group Home | e; Juvenile Residentia | al Services Short Term |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | curring | |
| Other Services: | Sliding Fee Scale; | | | |
| Higgins, Joy | Collaborative Industries Inc | 5701 Thompson Creek Blvd Ste 200 Lincoln NB 68516 | (712)242-0533 | (712)242-0534 |
| Mental Health Services: Juvenile Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Adult No vidual; Adult Non-Residential Services Outpatient - Co-Occurring Trea (bio-psychosocial); Co-Occurring | | |
| Hill, Rhonda | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)980-9544 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatn | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mer | | erapy - Co-occurring; |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologic | al Evaluation; Asses | sment: Juvenile Who |
| Other Services: | - | | | |

| Name | Agency | Address | Phone | Fax |
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| Hughbanks, Sharon | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5454 | (402)715-5452 |
| | Outpatient Treatment; Adult Residential Services | valuations; Adult Non-Residential Services Outpatient - Individual; Ad s Short Term Residential | ult Non-Residential S | Services Intensive |
| | Outpatient Therapy; Co-Occurring | | | |
| | Assessment: Pre-Treatment Assessment (Medic | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jackson, Sybil | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)779-9438 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Health; Intensive Outpatient: Intensive Outpatien Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient t Therapy-Co-occurring; Non-Treatment: Family Support Worker; Nor | | |
| | Sliding Fee Scale; | | (| |
| Jansen, Laura | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder: Assessment: Pre-Treatment Assessme | ental Health; Outpatient Therapy including Family Sessions-Mental H ent (Medicaid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Eating |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr le Assessment Services Substance Abuse Evaluations; Juvenile Non- l Services Outpatient - Groups; Juvenile Non-Residential Services Ou esidential Services Outpatient - Co-Occurring Treatment; Juvenile No | ing Treatment; Adult Residential Services Itpatient - Family; Ju | t Non-Residential s venile Non-Residentia |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- atus Exam (MSE); Assessment: Co-Occurring; Outpatient | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Therapy - Individual-Mental Health Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment Sliding Fee Scale; | : General Education Class | | |
| Jones, Kimberly | Eastern Nebraska Community Action Partnership Inc | 2406 Fowler Avenue Omaha NB 68111 | (402)453-5656 | |
| | | Evaluations; Adult Non-Residential Services Intervention/Educat ient - Family; Adult Non-Residential Services Outpatient - Individ | | |
| Juvenile Services: | Outpatient merapy, Fie-meatment Assessmen | t (bio-psychosocial), co-occurring | | |
| | Sliding Fee Scale; | | | |
| Kaipust, Jamie | A Desired Life Therapy and Counseling LLC | 8031 West Center Road Suite 210 Omaha NB 68124 | (402)990-7362 | (402)763-8915 |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Outpatient - Family; tance Abuse Evaluations; Juvenile Non-Residential Services Ou | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment As | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial) | ; Co-Occurring | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-N Assessment: Mental Status Exam (MSE); Outpatient | Mental Health; Outpatient Therapy - Co-occurring; Assessment: atient Therapy - Individual-Mental Health | Pre-Treatment Assessment | (Medicaid); |
| Other Services: | Bilingual Services; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax | | |
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| Kimmerling, Katherine | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; | | |
| | Outpatient Therapy; Pre-Treatment Assessment | atient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment | raluations; Adult Non-Residential Services Care Monitoring SA/MH; A int - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services D renile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential (his result second of the | dult Non-Residential Dual Residential (MH Non-Residential Sen y; Juvenile Non-Res | Services Outpatient - I/SA); Adult vices Care Monitoring idential Services | | |
| | Outpatient Therapy; Pre-Treatment Assessment | , | | | | |
| | 1 19 0. | patient: Intensive Outpatient Therapy-Co-occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Kola, Betty | Buoyant Family Services Counseling and Consulting LLC | The Center-Suite 106 1941 S 42nd St Omaha NB 68105 | (402)905-1120 | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | ing Treatment; Adul Residential Service | t Non-Residential s Outpatient - Groups; | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As atment: Mentoring; Outpatient Therapy - Individual-Mental Health | ssessment: Mental S | itatus Exam (MSE); | | |
| Other Services: | Bilingual Services; | | | | | |
| Korner, Jennifer | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5492 | | | |
| Substance Abuse Services: Mental Health Services: | Outpatient Treatment; Juvenile Assessment Serv Residential Services Intensive Outpatient Treatm | aluations; Adult Non-Residential Services Intervention/Education; Ad rices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: t Therapy-Co-occurring; Assessment: Co-Occurring; Outpatient Thera | | t Therapy-Mental | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| | Individual-Mental Health | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Korth, Brandi | | 2547 North 48th Avenue Omaha NB 68104 | (402)217-4837 | (531)301-5593 |
| | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenil Treatment | valuations; Adult Non-Residential Services Outpatient - Family; Adu ttient - Co-Occurring Treatment; Juvenile Assessment Services Sub le Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Mental Health | lental Health; Outpatient Therapy - Co-occurring; Assessment: Co-C | Occurring; Outpatient I | herapy - Individual- |
| | | | | |
| Other Services: | | | | |
| Other Services: Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Krejci, Ann Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Ion-Residential Services Partial Care; Adult Residential Services Du I Services Short Term Residential | ult Non-Residential Se urring Treatment; Adult | rvices Outpatient - |
| Krejci, Ann Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residentia | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Ion-Residential Services Partial Care; Adult Residential Services Du I Services Short Term Residential | ult Non-Residential Se urring Treatment; Adult | rvices Outpatient - |
| Krejci, Ann Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residentia | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Ion-Residential Services Partial Care; Adult Residential Services Du I Services Short Term Residential | ult Non-Residential Se urring Treatment; Adult | rvices Outpatient - |
| Krejci, Ann Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residentia Outpatient Therapy; Pre-Treatment Assessment | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Ion-Residential Services Partial Care; Adult Residential Services Du I Services Short Term Residential | ult Non-Residential Se urring Treatment; Adult | rvices Outpatient - |
| Krejci, Ann Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residentia Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Jon-Residential Services Partial Care; Adult Residential Services Du I Services Short Term Residential (bio-psychosocial); Co-Occurring | ult Non-Residential Se urring Treatment; Adult ual Residential (MH/SA | vices Outpatient - Non-Residential A); Adult Residential |
| Krejci, Ann Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kroeker, Sandra Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residentia Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Jon-Residential Services Partial Care; Adult Residential Services Du I Services Short Term Residential (bio-psychosocial); Co-Occurring PO Box 684 1080 17th ST Henderson NB 68371 | ult Non-Residential Se urring Treatment; Adult ual Residential (MH/SA | vices Outpatient - Non-Residential A); Adult Residential |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Lanning, Krystal | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | aluations; Juvenile Assessment Services Substance Abuse Evaluati (bio-psychosocial); Co-Occurring | ons | |
| Lindner, Jennifer | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| | | sychological Evaluation ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Loftis, Mary | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Outpatient Th | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera | tance Abuse Evaluat sidential Services Ou | ions; Juvenile Non- tpatient - Co-Occurrin |
| Louderback, Thomas | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment | • | | |
| Mackey, Kimberly | Boys Town | 14092 Hospital Rd Boys Town NB 68010 | (531)355-5409 | (531)355-5499 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Ma Assessment: Mental Status Exam (MSE); Outpat | ental Health; Psychiatric Residential Treatment Facility; Assessment | : Pre-Treatment Asso | essment (Medicaid); |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Mahnke, Ryan | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)214-9254 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adul | t Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Individual Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Mayberry, Susan | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)960-8712 | (402)614-8443 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul at - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Non amily; Juvenile Non-Residential Services Outpatient - Individual; Juv al Services Intensive Outpatient Treatment | ring Treatment; Adul -Residential Service | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy | | |
| Other Services: | | | | |
| McCaghy, Peggy | Capstone Behavioral Health | 1941 S. 42nd St. STE 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Psychological Evaluation; Outpatien | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); A ht Therapy - Individual-Mental Health | ssessment: Mental S | Status Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | dult Non-Residentia | Services Outpatient |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H nent: Mentoring; Outpatient Therapy - Individual-Mental Health | lealth; Assessment: | Co-Occurring; Non- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| McDonald, Kathryn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | (402)932-3557 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services S | dult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| McDonald, Katie | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)932-3557 |
| | Adult Assessment Services Substance Abuse Ev Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | aluations; Adult Non-Residential Services Outpatient - Individual; Adu | ult Non-Residential S | Services Intensive |
| Meckna, Shy | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)599-2710 | (402)599-2562 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Intensive Outpatient Tr | | Services Outpatient - |
| Juvenile Services: Other Services: | Oupatient merapy, rie-meathent Assessment | ulo-psychosocial), co-occurring | | |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Family; Adult Non-Residential Services Outpatient - In (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services. | Sliding Fee Scale; | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |

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| Name | Agency | Address | Phone | Fax |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - I | Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | | | | |
| Miller, Stacey | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)413-1420 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser ivenile Non-Residential Services Outpatient - Family; Juvenile Non-F o-Occurring Treatment (bio-psychosocial); Co-Occurring; Psychological Evaluation | dult Non-Residentia | Services Outpatient |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental H essment: Pre-Treatment Assessment (Medicaid); Assessment: Men rring; Non-Treatment: Anger Management Class; Non-Treatment: Ge | tal Status Exam (MS | E); Assessment: |
| Other Services: | | | | |
| Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment | aluations; Adult Non-Residential Services Outpatient - Family; Adult ient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evalua | ions; Juvenile Non- |
| | Outpatient Therapy; Co-Occurring | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | ourring: Outpotiont | Choropy Individual |
| Juverille Services. | Mental Health | ental meanin, Outpatient merapy - Co-occuming, Assessment. Co-Oc | curning, Outpatient | merapy - mumuuai- |
| Other Services: | | | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment tient - Family; Juvenil |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Eating Disorder; Non-Treatr | nent: Intensive Family Preservation; Outpatient Therapy - Individual- | Mental Health | |

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|---|
| Morton, Crystal | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)680-6429 | • |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | <i></i> |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He patient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre Individual-Mental Health | | |
| Other Services: | | | | |
| Morton, Jamal | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5446 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Serv | ing Treatment; Adult | Non-Residential |
| | Assessment: Pre-Treatment Assessment (Medica | aid): Assessment: Co-Occurring | | |
| | Sliding Fee Scale; | | | |
| Muhlbauer, Cynthia | Results Counseling LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)537-9628 | |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental Hent: ht: Intensive Family Preservation; Outpatient Therapy - Individual-Ment | | atient: Intensive |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia | t - Family; Adult Non-Re | esidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Youth Who Sexual | y Harm Evaluation (YWSH); Adults who Sexually Harm Evaluatior | n; Psychological Evalua | tion |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medic Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycl | hological Evaluation; As | ssessment: Juvenile |
| Other Services: | | | | |
| Olson, Veronica | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7083 | |
| Substance Abuse Services: | Substance Abuse Evaluations; Juvenile Non-Res | ridual; Adult Non-Residential Services Outpatient - Co-Occurring T sidential Services Outpatient - Groups; Juvenile Non-Residential S nile Non-Residential Services Outpatient - Co-Occurring Treatme | ervices Outpatient - Fa | mily; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpati t Therapy-Co-occurring; Assessment: Co-Occurring; Outpatient Th | | |
| Other Services: | Sliding Fee Scale; | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Intervention/Education; Juvenile Non-R ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | curring Treatment; Juve Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | 1 137 | ental Health; Assessment: Pre-Treatment Assessment (Medicaid) | ; Assessment: Mental S | Status Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |

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| Name | Agency | Address | Phone | Fax |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Adults who Sexually Harm Eva | aluation; Psychologic | cal Evaluation |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Perez, Kari | Kari R Perez, PhD, PC | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A | ssessment (bio-psyc | hosocial); Adults wh |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Assess SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | | |
| Other Services: | Outpatient Therapy - Individual-Mental Health | | | |
| | | | | |
| Plambeck, Calandra | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7052 | |
| | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intervention/Education; Ad | () | Services Outpatient |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad | () | Services Outpatient |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment | aluations; Adult Non-Residential Services Intervention/Education; Ad | () | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment | aluations; Adult Non-Residential Services Intervention/Education; Ad | () | Services Outpatient - |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment | aluations; Adult Non-Residential Services Intervention/Education; Ad | () | Services Outpatient - (402)939-0666 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Changes Counseling, LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Intervention/Education; Ad ont - Individual (bio-psychosocial); Co-Occurring | (402)669-6204 (402)Residential \$ ult Non-Residential \$ ing Treatment; Juver dential Services Out | (402)939-0666 Services Outpatient hile Assessment patient - Groups; |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Pope, Michelle Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Changes Counseling, LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Fa Co-Occurring Treatment Outpatient Therapy; Juvenile Pre-Treatment Asses | aluations; Adult Non-Residential Services Intervention/Education; Ad int - Individual (bio-psychosocial); Co-Occurring 9374 N St Omaha NB 68127 raluations; Adult Non-Residential Services Intervention/Education; Ad int - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi | (402)669-6204 (402)669-6204 ult Non-Residential S ing Treatment; Juver dential Services Out enile Non-Residentia | (402)939-0666 Services Outpatient hile Assessment patient - Groups; I Services Outpatier |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Pope, Michelle Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment of Sliding Fee Scale; Changes Counseling, LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Fa Co-Occurring Treatment Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy including Family Sessions-Me | galuations; Adult Non-Residential Services Intervention/Education; Ad ant - Individual (bio-psychosocial); Co-Occurring 9374 N St Omaha NB 68127 galuations; Adult Non-Residential Services Intervention/Education; Ad at - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Ron-Residential Services Outpatient - Individual; Juve essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmeental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy Mental Status Exam (MSE); Non-Treatment: Family Support Worker; | (402)669-6204 (402)669-6204 ult Non-Residential S ing Treatment; Juver dential Services Out enile Non-Residentia ent Assessment (bio- by - Co-occurring; As | (402)939-0666 Services Outpatient - nile Assessment patient - Groups; I Services Outpatien -psychosocial); Co- ssessment: Pre- |

| Name | Agency | Address | Phone | Fax | |
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| | | | | | |
| Powell, Michelle | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult | | dult Non-Residential | Services Outpatient | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | | |
| | ssessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Raasch, Debra | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | | |
| Juvenile Services: | utpatient Therapy including Family Sessions-Mental Health; Non-Treatment: Intensive Family Preservation; Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| | Chang roo coalo, | | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | | |
| Rezac, Jacqueline Substance Abuse Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C nile Non-Residential Services Outpatient - Co-Occurring Treatment; | lult Non-Residential S Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re Dutpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- | |
| Rezac, Jacqueline Substance Abuse Services: Mental Health Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (| aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C nile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial) | lult Non-Residential S Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re Dutpatient - Family; Ju Juvenile Non-Reside | sidential Services patient Treatment; sidential Services uvenile Non- ntial Services | |
| Rezac, Jacqueline Substance Abuse Services: Mental Health Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (| aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C nile Non-Residential Services Outpatient - Co-Occurring Treatment; | lult Non-Residential S Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re Dutpatient - Family; Ju Juvenile Non-Reside | sidential Services patient Treatment; sidential Services uvenile Non- ntial Services | |
| Rezac, Jacqueline Substance Abuse Services: Mental Health Services: Juvenile Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C nile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial) | lult Non-Residential S Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re Dutpatient - Family; Ju Juvenile Non-Reside | sidential Services patient Treatment; sidential Services uvenile Non- ntial Services | |
| Rezac, Jacqueline Substance Abuse Services: Mental Health Services: Juvenile Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Evo Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Family Sessions-Me Health | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C nile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial) | lult Non-Residential S Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re Dutpatient - Family; Ju Juvenile Non-Reside | sidential Services patient Treatment; sidential Services uvenile Non- ntial Services | |
| Rezac, Jacqueline Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rice, Joan Substance Abuse Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser- Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Health Sliding Fee Scale; Spence Counseling Adult Assessment Services Substance Abuse Ev. | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicaid); O 12035 Q St. Omaha NB 68137 aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A | lult Non-Residential S Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re Dutpatient - Family; Ju Juvenile Non-Reside utpatient Therapy - In (402)991-0611 lult Non-Residential S | sidential Services patient Treatment; sidential Services uvenile Non- intial Services ndividual-Mental (402)991-6228 Services Outpatient - | |
| Rezac, Jacqueline Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rice, Joan Substance Abuse Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Health Sliding Fee Scale; Spence Counseling Adult Assessment Services Substance Abuse Ev. Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial) ental Health; Assessment: Pre-Treatment Assessment (Medicaid); O 12035 Q St. Omaha NB 68137 aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A | lult Non-Residential S Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re Dutpatient - Family; Ju Juvenile Non-Reside utpatient Therapy - In (402)991-0611 lult Non-Residential S | sidential Services patient Treatment; sidential Services uvenile Non- intial Services ndividual-Mental (402)991-6228 Services Outpatient | |

| Name | Agency | Address | Phone | Fax |
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| Robbins, Virgen | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)721-1774 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educ atient - Co-Occurring Treatment; Adult Non-Residential Servic | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Evaluations | valuations; Adult Residential Services Therapeutic Communi | ty; Juvenile Assessment Serv | vices Substance Abus |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | ssment: Pre-Treatment Assessment (Medicaid); Assessment | : Co-Occurring | |
| Other Services: | Sliding Fee Scale; | | | |
| Salvatore, Christine | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Indi Services Intensive Outpatient Treatment; Juvenile Assessmen; Juvenile Non-Residential Services Outpatient - Groups; Juv ndividual; Juvenile Non-Residential Services Outpatient - Co ; (bio-psychosocial); Co-Occurring | vidual; Adult Non-Residential ent Services Substance Abus venile Non-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Intensive Outpatient: Intensive Outpatient Thera | | | |
| | Sliding Fee Scale; | | | |
| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Outpatient - C | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | : (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Mental Health | Iental Health; Outpatient Therapy - Co-occurring; Assessmer | nt: Co-Occurring; Outpatient 7 | Therapy - Individual- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Saunders, Abby | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Indi Services Substance Abuse Evaluations; Juvenile Non-Reside Iuvenile Non-Residential Services Outpatient - Family; Juveni Co-Occurring Treatment; Juvenile Non-Residential Services I | vidual; Adult Non-Residential ential Services Intervention/Ec ile Non-Residential Services | Services Outpatient - ducation; Juvenile Outpatient - Individual |

| Name | Agency | Address | Phone | Fax |
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| | Outpatient Therapy; Pre-Treatment Assessm | ent (bio-psychosocial); Co-Occurring s-Mental Health; Outpatient Therapy including Family Sessions-M | April Health: Outpatient Ther | any - Co-occurring: |
| Juvenile Services. | | erapy-Mental Health; Intensive Outpatient: Intensive Outpatient T | | |
| Other Services: | Assessment (Medicaid); Assessment: Co-Oct Sliding Fee Scale; Hearing Impaired; | curring; Outpatient Therapy - Individual-Mental Health | | |
| Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessme | ent (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schifferns, Holli | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7676 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessme | ent (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Schnieder, Brian | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)850-0054 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Ser Outpatient - Individual; Adult Non-Residential Juvenile Assessment Services Substance Ab Care Monitoring SA/MH; Juvenile Non-Reside | e Evaluations; Adult Non-Residential Services Intervention/Educa rvices Outpatient - Groups; Adult Non-Residential Services Outpatient Services Outpatient - Co-Occurring Treatment; Adult Non-Residential suse Evaluations; Juvenile Non-Residential Services Intervention, ential Services Outpatient - Groups; Juvenile Non-Residential Services Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | atient - Family; Adult Non-Resi ential Services Intensive Outp /Education; Juvenile Non-Resi rvices Outpatient - Family; Juv | idential Services atient Treatment; dential Services venile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocia | I); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive | Outpatient: Intensive Outpatient Therapy-Co-occurring; Outpatie | nt Therapy - Individual-Mental | Health |
| Other Services: | | | | |
| Schutte-Lundy, Laura | UNMC Physicians Corporation | 4239 Farnam St #710 Omaha NB 68131 | (402)552-6152 | |
| Substance Abuse Services: Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Nor | e Evaluations; Adult Non-Residential Services Outpatient - Individ Services Outpatient - Groups; Juvenile Non-Residential Services n-Residential Services Outpatient - Co-Occurring Treatment | | |
| | 6 | Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessm | ent: Co-Occurring: Outpatient | Therapy - |
| Suverille Services. | Individual-Mental Health | Supation. Intensive Supation Therapy-00-000011119, Assessi | ioni. 00-000unning, Oulpalleni | merapy - |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Sheffield, Carol | Carol Sheffield Counseling Services, LLC | 919 Galvin Rd S, Suite A Bellevue NB 68005 | (402)276-2064 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; Ac tient - Co-Occurring Treatment; Juvenile Assessment Services So e Non-Residential Services Outpatient - Individual; Juvenile Non- tensive Outpatient Treatment | ubstance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | atment Assessment (bio | -psychosocial); Co- |
| | Health | by-Co-occurring; Assessment: Pre-Treatment Assessment (Medic | aid); Outpatient Therapy | / - Individual-Mental |
| Other Services: | | | | |
| Siemer, Kris | Siemer Counseling & Assessments LLC | 12020 Shamrock Plaza #200 Omaha NB 68154 | (402)500-0555 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Intervention/Education; Juvenile Non-F ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | curring Treatment; Juve Residential Services Out | nile Assessment |
| | Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | , | |
| Juvenile Services: Other Services: | Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre Individual-Mental Health | e-Treatment Assessmer | t (Medicaid); |
| Other Services. | | | | |
| Simmerman, Riannon | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)965-4232 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intensive Outpatient Tr | reatment | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evalu | uations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Assessment: Co-Occurring; Outpatient Therapy - | Individual-Mental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Stanek, Sean | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7013 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | rapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | au), Outpatient merapy - mulviduai-ivientai meatri | | |
| Stein, Daniela | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)978-5604 | |
| | | | | |
| Juvenile Services: | Outpatient merapy, Fre-freatment Assessment | (bio-psychosocial), co-occurring | | |
| | Sliding Fee Scale; | | | |
| Stessman, Gary | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7474 | (402)552-7444 |
| | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | aluations; Adult Non-Residential Services Outpatient - Family; Adult I nce Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As | sessment: Mental S | tatus Exam (MSE); |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Stevenson, Sandy | Define U LLC | 2208 Lucille Dr Bellevue NB 68147 | (402)715-0296 | |
| | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Individual; Juve | valuations; Adult Non-Residential Services Outpatient - Family; Adul tient - Co-Occurring Treatment; Juvenile Non-Residential Services (enile Non-Residential Services Outpatient - Co-Occurring Treatment | Outpatient - Family; Ju | |
| Juvenile Services: | Outpatient Therapy; Co-Occurring Outpatient Therapy including Family Sessions-M Therapy - Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Non-Treatment: Ar | nger Management Cla | ss; Outpatient |
| Other Services: | | | <i></i> | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | rvices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Talbert, Erin | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7064 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Outpatient - Groups | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Tamayo, Kelly | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; services Substance Abuse Evaluations; Juvenile Non-Residential Se venile Non-Residential Services Outpatient - Individual; Juvenile No | Adult Non-Residential ervices Intervention/Ec | Services Outpatient lucation; Juvenile |
| | 0 | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| | Outpatient Therapy including Family Sessions-M | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Ther Outpatient Psychiatric Evaluation; Assessment: Mental Status Exa | | |

| Name | Agency | Address | Phone | Fax |
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| Thompson, Jacquelyn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | ccurring | |
| Juvenile Services: Other Services: | Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | |
| Other Services. | | | | |
| Ticknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juver ntial Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H essment: Pre-Treatment Assessment (Medicaid); Assessment: Ment I Health | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential; Juvenile Assessment S ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co ent | dult Non-Residential Dual Residential (MH Services Substance / venile Non-Residenti | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Troia, Trisha | | 1406 Veterans Drive Elkhorn NB 68022 | (402)290-0543 | |
| | Abuse Evaluations; Juvenile Non-Residential Ser | | enile Assessment S | ervices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | oolth: Outpotiont The | |
| | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | eaith; Outpatient The | erapy - Co-occurring; |
| Other Services: | | | | |

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| Name | Agency | Address | Phone | Fax |
| VanNortwick, Peggy | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)444-7609 | (402)996-8171 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inters | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me herapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ng Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Voss, Stephanie R | | 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 | (402)650-5250 | |
| | Substance Abuse Evaluations; Juvenile Non-Res | aluations; Adult Non-Residential Services Outpatient - Co-Occurring idential Services Outpatient - Co-Occurring Treatment | Treatment; Juvenile | Assessment Services |
| Mental Health Services: | 1 13 | ereny Individual Mantal Haalth | | |
| Other Services: | Outpatient Therapy - Co-occurring; Outpatient Th | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Walker, Jeffery | Buoyant Family Services Counseling and Consulting LLC | The Center-Suite 106 1941 S 42nd St Omaha NB 68105 | (402)208-0935 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; / Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Ward, Teresa K | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Wells, Amanda | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5449 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Residential: Adult Residential Services Short Ter | valuations; Adult Residential Services Dual Residential (MH/SA); Adu rm Residential | ult Residential Service | es Extended |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- Co-Occurring Treatment | Adult Non-Residentia | Services Outpatient |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M Assessment: Co-Occurring; Outpatient Therapy | ental Health; Outpatient Therapy including Family Sessions-Mental F - Individual-Mental Health | lealth; Outpatient Th | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Whitehead, Daniel | | 1941 South 42nd Street Suite 536 Omaha NB 68105 | (402)958-5663 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Wiles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Gro ance Abuse Evaluations; Juvenile Non-Residential Services | | |
| Mental Health Services: | · · · · · · · · · · · · · · · · · · · | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outp | valuations; Adult Non-Residential Services Outpatient - Fan atient - Co-Occurring Treatment; Juvenile Assessment Serv ile Non-Residential Services Outpatient - Individual; Juvenile | ices Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Assessment: Co-Occurring; Outpatient Therapy | Mental Health; Outpatient Therapy - Co-occurring; Assessme - Individual-Mental Health | ent: Pre-Treatment Assessmer | t (Medicaid); |
| Other Services: | | | | |
| Zook, Amy | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | (402)339-4358 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment | valuations; Adult Non-Residential Services Intervention/Edu ient - Family; Adult Non-Residential Services Outpatient - In Services Substance Abuse Evaluations; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Family; Juve Co-Occurring Treatment | dividual; Adult Non-Residentia dential Services Intervention/Ec | Services Outpatient ducation; Juvenile |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual S | Services; | | |
| Zueter, Kimberly | | 5087 S 106th St Omaha NB 68127 | (402)630-7560 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outp | valuations; Adult Non-Residential Services Outpatient - Fan atient - Co-Occurring Treatment; Juvenile Assessment Serv ile Non-Residential Services Outpatient - Individual; Juvenile | ices Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | Mental Health; Outpatient Therapy - Co-occurring; Assessme | | it (Medicaid); |
| | Assessment: Mental Status Exam (MSE); Asses | ssment: Co-Occurring; Outpatient Therapy - Individual-Ment | arnealth | |

| Name | Agency | Address | Phone | Fax |
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| Barrett-McClendon, | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (888)405-8738 | (531)210-3020 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus on-Residential Servic ng Treatment; Juveni | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family le Non-Residential |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental Hessesment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (531)210-3020 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Care Monitoring SA/MF ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - atment Assessment (bio-psychosocial); Co-Occurring | Family; Adult Non-Re ervices Substance Al I; Juvenile Non-Resid | esidential Services buse Evaluations; dential Services |
| | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Co-occurring; Assessment: Pre-Treatment Treatment: Anger Management Class; Outpatien | ental Health; Outpatient Therapy including Family Sessions-Mental Hensive Outpatient: Intensive Outpatient Therapy-Mental Health; Inten ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE t Therapy - Individual-Mental Health | sive Outpatient: Inter | sive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Bendy, Laurie | | 13906 Gold Circle, Suite 202 Omaha NB 68144 | (402)932-6500 | (402)932-6504 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual: Adult Non-Residential Services Outpatient - Co-Occur | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | ing realized | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Broekemeier, Robert | Robert Broekemeier Counseling LLC | 268 N 115th St Suite 1 Omaha NB 68154 | (402)965-1564 | (402)260-7125 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Family; Juvenile Non-Resider o-Occurring Treatment | ring Treatment; Juve | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy | - Individual-Mental H | lealth |
| Other Services: | | | | |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Crisis Phone Line; Emergency Medical Health Ev | aluation; Outpatient Therapy; Pre-Treatment Assessment (bio-psych | iosocial); Co-Occurri | ng |
| Juvenile Services: | | | | |
| Other Services: | No Voucher Acceptance; | | | |
| Corrado, Michael | MAK Development (Michael's House) | 9007 F St Omaha NB 68127 | (402)917-0926 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | Hearing Impaired; | | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Psychological Evaluation; Outpatier | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); A tr Therany - Individual-Mental Health | ssessment: Mental S | tatus Exam (MSE); |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evalua | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | SH); Pre-Treatment A | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Assessment: Pre-Treatment Asse | ental Health; Outpatient Therapy including Family Sessions-Mental H essment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Ther | Assessment: Mental | Status Exam (MSE); |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Soutpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Adult Non-Residential | - Family; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adu | ult Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Co-Occurring | ient - Co-Occurring Treatment | | |
| Juvenile Services: | 5 | | | |
| Other Services: | | | | |
| Eberle, Jeremy | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Engle, Christine | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); | Outpatient Therapy - I | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; <i>J</i> nt - Family; Adult Non-Residential Services Outpatient - Individual; | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults wi | ho Sexually Harm Eval | uation; Psychologic |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt utpatient: Intensive Outpatient Therapy-Co-occurring; | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment; Outpatien Sliding Fee Scale; | aid); Assessment: Mental Status Exam (MSE); Assessment: It Therapy - Individual-Mental Health | Psychological Evaluation; As | ssessment: Juvenile |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | vidual; Adult Non-Residential ntial Services Intervention/Ec | Services Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-N aid); Assessment: Co-Occurring; Outpatient Therapy - Indivic | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | (402)753-6445 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Educa nt - Individual; Adult Non-Residential Services Outpatient - Co Non-Residential Services Intervention/Education; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co- | o-Occurring Treatment; Juve Ion-Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre | -Treatment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-N sessment: Pre-Treatment Assessment (Medicaid); Assessme | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv services Substance Abuse Evaluations; Juvenile Non-Resident uvenile Non-Residential Services Outpatient - Family; Juvenil co-Occurring Treatment | vidual; Adult Non-Residential ntial Services Intervention/Ec | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | | essment (PTA); Pre-Treatment Assessment (bio-psychosocia | al); Co-Occurring; Psycholog | ical Evaluation |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-N aid); Assessment: Mental Status Exam (MSE); Assessment: | | |
| Other Services: | occurring, Outpatient Therapy - Individual-Menta | 11 TCalul | | |

| Name | Agency | Address | Phone | Fax |
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| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Juvenile Services: | | Adults who Sexually Harm Evaluation; Psychological Evaluation Assessment: Mental Status Exam (MSE); Assessment: Psycholog | gical Evaluation; Assess | ment: Juvenile Who |
| Other Services: Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Assessment Services Substance Abuse Evaluations; Juvenile N Services Outpatient - Groups; Juvenile Non-Residential Services esidential Services Outpatient - Co-Occurring Treatment; Juvenile | urring Treatment; Adult on-Residential Services Outpatient - Family; Juv | vices Outpatient - Non-Residential venile Non-Residential |
| | Intensive Outpatient: Intensive Outpatient Therap | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Menta by-Mental Health; Intensive Outpatient: Intensive Outpatient Therap atus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy | py-Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Kenning, Tamara | Turning Point Behavioral Health & Addiction Counseling PC | 122 S 4th St Seward NB 68434 | (402)641-2095 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Assessment Services Substance Abuse Evaluations; Juvenile N I Services Outpatient - Family; Juvenile Non-Residential Services O Treatment; Juvenile Non-Residential Services Intensive Outpatient | urring Treatment; Adult on-Residential Services Dutpatient - Individual; J | Non-Residential |
| | Occurring; Adults who Sexually Harm Evaluation Outpatient Therapy including Family Sessions-M | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpati t Therapy-Co-occurring; Assessment: Pre-Treatment Assessment | ent: Intensive Outpatien | t Therapy-Mental |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| Koch, Lori | Stephen Center | 5217 S 28th St. Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| | | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A | () | () |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential S Treatment | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D enile Assessment Services Substance Abuse Evaluations; Juvenile N titent - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider | dult Non-Residential Dual Residential (MH Non-Residential Serv /; Juvenile Non-Res | Services Outpatient I/SA); Adult vices Care Monitoring idential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr on-Residential Services Partial Care; Adult Residential Services Dua Services Short Term Residential | ing Treatment; Adult | t Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental Health rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer Mediation; Outpatient Therapy - Individual-Mental Health | h; Intensive Outpati nt: Pre-Treatment A | ent: Intensive ssessment (Medicaid |
| Other Services: | | | | |
| McCaghy, Peggy | Capstone Behavioral Health | 1941 S. 42nd St. STE 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Psychological Evaluation; Outpatier | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As ht Therapy - Individual-Mental Health | sessment: Mental S | status Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agonov | Address | Phone | Fax |
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| Name | Agency | Addless | Flione | Гах |
| McDonald, Kathryn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | (402)932-3557 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services S | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental H | oalth: Outpatiant Th | oropy Co occurring: |
| | Intensive Outpatient: Intensive Outpatient Therap | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- itus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - I | Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental H ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inter Exam (MSE); Out-0 | nsive Outpatient Df-Home: Foster Care |
| Other Services: | | | | |
| Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Mental Health | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | curring; Outpatient 7 | Therapy - Individual- |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Other Services | : | | I | - |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential S | se Evaluations; Adult Non-Residential Services Intervention/Education; Services Outpatient - Groups; Adult Non-Residential Services Outpatien al Services Outpatient - Co-Occurring Treatment; Adult Non-Residentia | t - Family; Adult Non-Re | esidential Services |
| Mental Health Services | : Outpatient Therapy; Pre-Treatment Assess | ment (bio-psychosocial) | | |
| Juvenile Services | : | | | |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-602 |
| Newring, Kirk Substance Abuse Services: | | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-602 |
| Substance Abuse Services: | : | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 exually Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation | . , | . , |
| Substance Abuse Services: Mental Health Services: | : : Outpatient Therapy; Juvenile Youth Who Se : Assessment: Pre-Treatment Assessment (N | · · · · · · · · · · · · · · · · · · · | n; Psychological Evalua | tion |
| Substance Abuse Services: Mental Health Services: | : : Outpatient Therapy; Juvenile Youth Who Se : Assessment: Pre-Treatment Assessment (N Who Sexually Harm Risk Assessment | exually Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation | n; Psychological Evalua | tion |
| Mental Health Services: Juvenile Services: | : : Outpatient Therapy; Juvenile Youth Who Se : Assessment: Pre-Treatment Assessment (N Who Sexually Harm Risk Assessment | exually Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation | n; Psychological Evalua | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Osborn, Katlynn | Outpatient Therapy; Juvenile Youth Who Set Assessment: Pre-Treatment Assessment (N Who Sexually Harm Risk Assessment Capstone Behavioral Health Adult Assessment Services Substance Abu Family; Adult Non-Residential Services Out Services Substance Abuse Evaluations; Jun | exually Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psyc | n; Psychological Evalua hological Evaluation; As (402)366-3472 Adult Non-Residential Surring Treatment; Juve Residential Services Out | tion ssessment: Juven Services Outpatie nile Assessment |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Osborn, Katlynn Substance Abuse Services: | Outpatient Therapy; Juvenile Youth Who Set Assessment: Pre-Treatment Assessment (N Who Sexually Harm Risk Assessment Capstone Behavioral Health Adult Assessment Services Substance Abu Family; Adult Non-Residential Services Out Services Substance Abuse Evaluations; Jun | exually Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psyc 1941 S 42nd Street, Ste. 328 Omaha NB 68105 se Evaluations; Adult Non-Residential Services Intervention/Education; patient - Individual; Adult Non-Residential Services Outpatient - Co-Occ venile Non-Residential Services Outpatient - Co-Occu | n; Psychological Evalua hological Evaluation; As (402)366-3472 Adult Non-Residential Surring Treatment; Juve Residential Services Out | tion ssessment: Juver Services Outpatie nile Assessment |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Osborn, Katlynn Substance Abuse Services: Mental Health Services: | Capstone Behavioral Health Capstone Behavioral Health Adult Assessment Services Substance Abu Family; Adult Non-Residential Services Out Services Substance Abuse Evaluations; Jur Juvenile Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assesse Outpatient Therapy including Family Sessio | exually Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psyc 1941 S 42nd Street, Ste. 328 Omaha NB 68105 se Evaluations; Adult Non-Residential Services Intervention/Education; patient - Individual; Adult Non-Residential Services Outpatient - Co-Occ venile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occu ent - Individual; Juvenile Non-Residential Services Outpatient - Co-Occu ment (bio-psychosocial); Co-Occurring ons-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) | n; Psychological Evalua hological Evaluation; As (402)366-3472 Adult Non-Residential 3 curring Treatment; Juve Residential Services Out irring Treatment | tion ssessment: Juver Services Outpatie nile Assessment patient - Family; |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Osborn, Katlynn Substance Abuse Services: Mental Health Services: Juvenile Services: | Capstone Behavioral Health Capstone Behavioral Health Adult Assessment Services Substance Abu Family; Adult Non-Residential Services Out Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assess | exually Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psyc 1941 S 42nd Street, Ste. 328 Omaha NB 68105 se Evaluations; Adult Non-Residential Services Intervention/Education; patient - Individual; Adult Non-Residential Services Outpatient - Co-Occ venile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occu ent - Individual; Juvenile Non-Residential Services Outpatient - Co-Occu ment (bio-psychosocial); Co-Occurring ons-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) | n; Psychological Evalua hological Evaluation; As (402)366-3472 Adult Non-Residential 3 curring Treatment; Juve Residential Services Out irring Treatment | tion ssessment: Juven Services Outpatie nile Assessment patient - Family; |

Juvenile Services:

Other Services: Sliding Fee Scale;

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatier rvices Outpatient - Co-Occurring Treatment; Adult Non-Residenti Evaluations; Juvenile Non-Residential Services Intervention/Edu al Services Outpatient - Groups; Juvenile Non-Residential Service enile Non-Residential Services Outpatient - Co-Occurring Treatme | nt - Family; Adult Non-Re al Services Intensive Out ucation; Juvenile Non-Re es Outpatient - Family; Ju | sidential Services patient Treatment sidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid | l); Outpatient Therapy - Ir | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Evaluations | valuations; Adult Residential Services Therapeutic Community; Ju | uvenile Assessment Serv | ices Substance At |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co- | Occurring | |
| Other Services: | Sliding Fee Scale; | | | |
| Siemer, Kris | Siemer Counseling & Assessments LLC | 12020 Shamrock Plaza #200 Omaha NB 68154 | (402)500-0555 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Intervention/Education; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | ccurring Treatment; Juver Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | atment Assessment (bio | -psychosocial); Co |
| | Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pr Individual-Mental Health | e-Treatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Man | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycho | ological Evaluation | |
| | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Th Mental Status Exam (MSE); Assessment: Psychological Evaluat | nerapy - Co-occurring; As | sessment: Pre- e Who Sexually H |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | ual; Adult Non-Residential al Services Intervention/Ec Non-Residential Services | Services Outpatient Jucation; Juvenile Outpatient - Individual |
| | Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-T | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte | ental Health; Outpatient Therapy including Family Sessions-Meinsive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Non-Treatment: Anger Managemer | Intensive Outpatient: Inter | sive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment Juvenile Non-Residential Services Outpatient - Groups; Juven dividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential Services Substance Abus ile Non-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) Intal Health; Outpatient Therapy including Family Sessions-Me | ntal Health: Outpatient Th | erany - Co-occurring: |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Outpatient Therapy - Individual-Mental Health | | crapy - ee occurring, |
| Other Services: | Sliding Fee Scale; | | | |
| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment Juvenile Non-Residential Services Outpatient - Groups; Juven dividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential Services Substance Abus ile Non-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outp | | |
| | (MSE); Assessment: Co-Occurring; Outpatient Th | Therapy-Co-occurring; Assessment: Pre-Treatment Assessme herapy - Individual-Mental Health | ent (Medicaid); Assessmer | nt: Mental Status Exa |

| Name | Agency | Address | Phone | Fax |
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| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| | Adult Residential Services Dual Residential (MH/ Pre-Treatment Assessment (bio-psychosocial) | /SA) | | |
| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ring Treatment; Juver idential Services Out | nile Assessment |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Family; Adult | | |
| | Residential Services Outpatient - Family; Juvenil | ttient - Co-Occurring Treatment; Juvenile Assessment Services Subsi e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | | |
| | | e Non-Residential Šervices Outpatient - Individual; Juvenile Non-Res | | |
| Mental Health Services: | Residential Services Outpatient - Family; Juvenil Treatment Outpatient Therapy; Pre-Treatment Assessment | e Non-Residential Services Outpatient - Individual; Juvenile Non-Res (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | idential Services Out | patient - Co-Occurrir |
| Mental Health Services: Juvenile Services: Other Services: | Residential Services Outpatient - Family; Juvenil Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M | e Non-Residential Services Outpatient - Individual; Juvenile Non-Res (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | idential Services Out | patient - Co-Occurrir |
| Mental Health Services: Juvenile Services: Other Services: | Residential Services Outpatient - Family; Juvenil Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Assessment: Co-Occurring; Outpatient Therapy | e Non-Residential Šervices Outpatient - Individual; Juvenile Non-Res (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr - Individual-Mental Health | idential Services Out | patient - Co-Occurrir t (Medicaid); |
| Mental Health Services: Juvenile Services: Other Services: Zlomke, Leland Substance Abuse Services: | Residential Services Outpatient - Family; Juvenil Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Assessment: Co-Occurring; Outpatient Therapy - Nebraska Mental Health Centers Outpatient Therapy; Juvenile Pre-Treatment Asses | e Non-Residential Šervices Outpatient - Individual; Juvenile Non-Res (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr - Individual-Mental Health 4545 S 86th St Lincoln NB 68520 essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | idential Services Out eatment Assessmen (402)483-6990 | patient - Co-Occurrii t (Medicaid); (402)483-7045 |
| Mental Health Services: Juvenile Services: Other Services: Zlomke, Leland Substance Abuse Services: Mental Health Services: | Residential Services Outpatient - Family; Juvenil Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Assessment: Co-Occurring; Outpatient Therapy - Nebraska Mental Health Centers Outpatient Therapy; Juvenile Pre-Treatment Ass psychosocial); Adults who Sexually Harm Evalua Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disc | e Non-Residential Šervices Outpatient - Individual; Juvenile Non-Res (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr - Individual-Mental Health 4545 S 86th St Lincoln NB 68520 essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | idential Services Out eatment Assessmen (402)483-6990 SH); Pre-Treatment A ealth; Outpatient The ent: Mental Status Ex | patient - Co-Occurrir t (Medicaid); (402)483-7045 assessment (bio- erapy - Youth Who cam (MSE); |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; so Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Adult Non-Residentia ducation; Juvenile Non-Residential Services Care Monitoring SA/I rivices Outpatient - Family; Juvenile Non-Residential Services Out venile Non-Residential Services Intensive Outpatient Treatment | t - Family; Adult Non-Resi I Services Intensive Outpa MH; Juvenile Non-Reside | dential Services atient Treatment; ntial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Menta y-Mental Health; Intensive Outpatient: Intensive Outpatient Thera | | |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | | 921 W 36th st Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual; vices Outpatient - Individual | Juvenile Assessment Ser | vices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Assessment: Pre-Treatment Assessment (Medica | ntal Health; Outpatient Therapy including Family Sessions-Menta aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-N | | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Juvenile Assessment Services Substance Abuse E Services Outpatient - Groups; Juvenile Non-Residential Services | valuations; Juvenile Non- | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy - Eating Disorder; Outpatient The Co-Occurring; Outpatient Therapy - Individual-Mental Health | erapy - Co-occurring; Asse | essment: Pre- |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Menta e Family Preservation; Outpatient Therapy - Individual-Mental Hea | | e-Treatment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Cushing, Nathalie | Community Action Partnership of Western Nebraska | 975 Crescent Drive Gering NB 69341 | (308)633-3345 | (308)633-2650 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Intens ons; Juvenile Non-Residential Services Outpatient - Groups; Juvenile tpatient - Co-Occurring Treatment; Juvenile Non-Residential Services | sive Outpatient Trea Non-Residential Se | tment; Juvenile rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | patient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatent (Medicaid); Assessment: Co-Occurring; Outpatient Therapy - Indiv | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Decowski, Stephanie | Dr Gage Stermensky LLC | 1811 Ave A Scottsbluff NB 69361 | (269)986-1148 | |
| | Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Services Outpatient - Co-Occurring Treatment | Juvenile Non-Reside | ential Services |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | ental Health; Outpatient Therapy including Family Sessions-Mental He Individual-Mental Health | alth; Outpatient The | erapy - Co-occurring; |
| Other Services: | | | | |
| Estrada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluatio | ns | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio- | -psychosocial); Co- |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Substa enile Non-Residential Services Outpatient - Individual; Juvenile Non-R | ance Abuse Evaluati | ions; Juvenile Non- |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio- | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre sment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Menta Health; Assessment: Pre-Treatment Assessment (Medicaid); Ass t Therapy - Individual-Mental Health | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpaties | aluations; Adult Non-Residential Services Care Monitoring SA/M nt - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Adult Residential Servic enile Assessment Services Substance Abuse Evaluations; Juven atient - Groups; Juvenile Non-Residential Services Outpatient - Fa Services Outpatient - Co-Occurring Treatment; Juvenile Non-Res | al; Adult Non-Residential es Dual Residential (MH nile Non-Residential Sen amily; Juvenile Non-Res | Services Outpatient //SA); Adult vices Care Monitoring idential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Leach, Michael | | 3321 Ave. I, Suite 100 Scottsbluff NB 69361 | (308)762-2723 | (308)217-4277 |
| | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Ad tient - Co-Occurring Treatment; Juvenile Assessment Services Si e Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Prosment: Co-Occurring; Outpatient Therapy - Individual-Mental Hea | | t (Medicaid); |
| Other Services: | | 5, . | | |
| Massey, Dallas | | 1821 First Ave Ste 2 Scottsbluff NB 69361 | (308)632-8236 | (308)635-3084 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual; vices Outpatient - Individual | Juvenile Assessment S | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Outpatient Th | erapy - Individual-Mental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---------------------------------------|
| Raney, Sandra | Open Door | 2122 Broadway Scottsbluff NB 69361 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv reatment | | |
| Mental Health Services: | 1 0 | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio- | -psychosocial); Co- |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatme | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid nt: Family Support Worker; Non-Treatment: Supervised Visitation; No ng; Non-Treatment: Anger Management Class; Non-Treatment: Gene |); Assessment: Men on-Treatment: Tutori | tal Status Exam ng; Non-Treatment: |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Community Justice Center | 211 North 14th St, Suite 314 Lincoln NB 68508 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | ion | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Roberts, Kelcey | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (605)890-2848 | (775)667-6079 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); Ou | utpatient Therapy - Ir | ndividual-Mental |
| Other Services: | | | | |
| Rodriquez-Fletcher, Lori | Options in Psychology, LLC | 2622 Ave C Scottsbluff NB 69361 | (308)632-8547 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I ient - Co-Occurring Treatment; Juvenile Assessment Services Subst Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluati | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre ment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | | aluations; Adult Residential Services Therapeutic Community; Juven | ile Assessment Serv | ices Substance Abuse |
| Mental Health Services: | Evaluations Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Sanchez, Celeste | JOBZ Employment Solutions | 311 5th Ave Minatare NB 69361 | (308)672-9694 | |
| Substance Abuse Services: | | | | |
| | Mental Health Intensive Management | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | Abuse Evaluations; | Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessment ent Therapy - Individual-Mental Health | xually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Taylor, Jennifer | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | (775)667-6079 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Valdez, Juan | Community Action Partnership of Western Nebraska | 975 Crescent Drive Gering NB 69341 | (308)632-2540 | (308)633-5766 |
| | Nedraska | | | |
| | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Assessment Services Substance Abuse Evaluati Family; Juvenile Non-Residential Services Outpa Residential Services Intensive Outpatient Treatm | | ve Outpatient Treatm enile Non-Residential | ent; Juvenile Services Outpatient |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Assessment Services Substance Abuse Evaluati Family; Juvenile Non-Residential Services Outpatient Residential Services Intensive Outpatient Treatm Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Treatment Assessment (Medicaid); Assessment: | nt - Co-Occurring Treatment; Adult Non-Residential Services Intensi ons; Juvenile Non-Residential Services Intervention/Education; Juve ttient - Individual; Juvenile Non-Residential Services Outpatient - Co tient | ve Outpatient Treatm enile Non-Residential -Occurring Treatment | ent; Juvenile Services Outpatient - t; Juvenile Non- |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Assessment Services Substance Abuse Evaluati Family; Juvenile Non-Residential Services Outpatient Residential Services Intensive Outpatient Treatm Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M | nt - Co-Occurring Treatment; Adult Non-Residential Services Intensi ons; Juvenile Non-Residential Services Intervention/Education; Juve titent - Individual; Juvenile Non-Residential Services Outpatient - Co tent (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera | ve Outpatient Treatm enile Non-Residential -Occurring Treatment | ent; Juvenile Services Outpatient - t; Juvenile Non- |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Assessment Services Substance Abuse Evaluati Family; Juvenile Non-Residential Services Outpatient Residential Services Intensive Outpatient Treatm Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Treatment Assessment (Medicaid); Assessment: | nt - Co-Occurring Treatment; Adult Non-Residential Services Intensi ons; Juvenile Non-Residential Services Intervention/Education; Juve titent - Individual; Juvenile Non-Residential Services Outpatient - Co tent (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera | ve Outpatient Treatm enile Non-Residential -Occurring Treatment | ent; Juvenile Services Outpatient - t; Juvenile Non- |
| Mental Health Services: Juvenile Services: Other Services: White, Lisa Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Assessment Services Substance Abuse Evaluati Family; Juvenile Non-Residential Services Outpatient Residential Services Intensive Outpatient Treatm Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-M Treatment Assessment (Medicaid); Assessment: Sliding Fee Scale; Bilingual Services; Rivera Counseling LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | nt - Co-Occurring Treatment; Adult Non-Residential Services Intensi ons; Juvenile Non-Residential Services Intervention/Education; Juve titient - Individual; Juvenile Non-Residential Services Outpatient - Co nent (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Co-Occurring; Outpatient Therapy - Individual-Mental Health 312 N Elm Street #112 Grand Island NB 68801 valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; J Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- co-Occurring Treatment | ve Outpatient Treatm enile Non-Residential -Occurring Treatment apy - Co-occurring; As (308)383-1622 dult Non-Residential Adult Non-Residential rvices Intervention/Ec | ent; Juvenile Services Outpatient t; Juvenile Non- ssessment: Pre- Services Outpatient ducation; Juvenile |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual | Adult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions-Mental sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co lucation Class; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Jack | Blue Valley Behavioral Health | 459 South 6th St Suite 1 Seward NB 68434 | (402)643-3343 | (402)643-4048 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential | | | |
| Mental Health Services: | Crisis Stabilization; Outpatient Therapy; Pre-Trea | atment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental atus Exam (MSE); Outpatient Therapy - Individual-Mental Health | Health; Assessment: | Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Carville, Misty | Infinite Change Family Therapy Center LLC | 245 S 84th St, Suite L101 Lincoln NB 68510 | (402)310-7867 | (833)587-9383 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Substance Abuse Evaluations; Juvenile Non-Residential S uvenile Non-Residential Services Outpatient - Family; Juvenile Nor Co-Occurring Treatment | ; Adult Non-Residentia Services Intervention/E | l Services Outpatient ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-M | | erapy - Co-occurring; |
| Other Services: | | | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Assessment: Psychological Evaluation; Outpatie | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); nt Therapy - Individual-Mental Health | Assessment: Mental S | Status Exam (MSE); |
| Other Services | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass psychosocial); Adults who Sexually Harm Evaluated | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW | /SH); Pre-Treatment / | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Assessment: Pre-Treatment Ass | ental Health; Outpatient Therapy including Family Sessions-Mental essment (Medicaid); Assessment: Outpatient Psychiatric Evaluation ient: Juvenile Who Sexually Harm Risk Assessment; Outpatient The | n; Assessment: Menta | I Status Exam (MSE); |
| Other Services: | | | | |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia vices Substance Abus Ion-Residential Servic | l Services Outpatient - e Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | ental Health; Outpatient Therapy - Co-occurring; Outpatient Therap | y - Individual-Mental H | lealth |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential | - Family; Adult Non-Re | esidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dunham, Sarah | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia vices Substance Abus Ion-Residential Servic | I Services Outpatient - e Evaluations; Juvenile ces Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatien ent: Intensive Family Preservation; Outpatient Therapy - Individual-N | | nt Therapy-Mental |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Eval | uation; Psychologica |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurring Therapy-Youth Who Sexually Harm; Intensive Out | ental Health; Outpatient Therapy including Family Sessions-Mental He g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Itpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pr ment: Psychological Evaluation; Assessment: Juvenile Who Sexually | Intensive Outpatient e-Treatment Assess | : Intensive Outpatient ment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Harmes, Eric | | 5539 S. 27th St. Suite 104 Lincoln NB 68512 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | dult Non-Residential /ices Intervention/Ec esidential Services (| Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Juvenile Services: Other Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo I Health | | |
| Holmaroon Amondo | Stratagia Davahalagigal Sarvigaa LLC | PO Box 22571 Lincoln NB 68542 | (102)050 7771 | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Holt, Jennifer | Adultspan Counseling | 1001 S. 70th St suite 225 Lincoln NB 68510 | (402)325-0117 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenii Intervention/Education; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur le Assessment Services Substance Abuse Evaluations; Juvenile Non I Services Outpatient - Groups; Juvenile Non-Residential Services Ou esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non | ring Treatment; Adult n-Residential Services utpatient - Family; Jur | t Non-Residential s venile Non-Residentia |
| | Intensive Outpatient: Intensive Outpatient Therap | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy atus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - I | -Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Kenning, Tamara | Turning Point Behavioral Health & Addiction Counseling PC | 122 S 4th St Seward NB 68434 | (402)641-2095 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenii Intervention/Education; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur le Assessment Services Substance Abuse Evaluations; Juvenile Non I Services Outpatient - Family; Juvenile Non-Residential Services Ou Freatment; Juvenile Non-Residential Services Intensive Outpatient Tr | ring Treatment; Adult n-Residential Services tpatient - Individual; | Non-Residential |
| | Occurring; Adults who Sexually Harm Evaluation Outpatient Therapy including Family Sessions-M | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm lental Health; Outpatient Therapy - Co-occurring; Intensive Outpatien t Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (M | t: Intensive Outpatier | nt Therapy-Mental |
| Other Services: | (MSE); Assessment: Co-Occurring; Outpatient T | herapy - Individual-Mental Health | | |

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|--|
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpaties | aluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Outpatient - Individual; Ad Bervices Intensive Outpatient Treatment; Adult Residential Services D enile Assessment Services Substance Abuse Evaluations; Juvenile N tient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resident | dult Non-Residential ual Residential (MH lon-Residential Serv /; Juvenile Non-Resi | Services Outpatient - /SA); Adult ices Care Monitoring dential Services |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatien | | ng Treatment; Adult | Non-Residential |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental Health; rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme iment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmen Mediation; Outpatient Therapy - Individual-Mental Health | h; Intensive Outpatie nt: Pre-Treatment A | ent: Intensive ssessment (Medicaid) |
| Other Services: | | | | |
| Lott, Patricia | Turning Point Behavioral Health & Addiction Counseling PC | 122 S 4th St Seward NB 68434 | (402)506-9322 | (402)441-8491 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment So ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abus e Non-Residential Servic | Services Outpatient Evaluations; Juven es Outpatient - Fami |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Ment py-Mental Health; Intensive Outpatient: Intensive Outpatient Thera atus Exam (MSE); Assessment: Co-Occurring; Outpatient Therap | apy-Co-occurring; Asses | sment: Pre-Treatmer |
| Other Services: | | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | EPC Crisis Center; Outpatient Therapy; Pre-Trea | atment Assessment (bio-psychosocial); Adults who Sexually Harn | n Evaluation; Psychologi | cal Evaluation |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eveluations | valuations; Adult Residential Services Therapeutic Community; Ju | venile Assessment Serv | ices Substance Abus |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| | | ssment: Pre-Treatment Assessment (Medicaid); Assessment: Co- | Occurring | |
| | Sliding Fee Scale; | | ů. | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycho | ological Evaluation | |
| Juvenile Services: | | lental Health; Outpatient Therapy - Eating Disorder; Outpatient Th : Mental Status Exam (MSE); Assessment: Psychological Evaluat al-Mental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|--|--|---|---|---|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education | raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; <i>J</i> Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N idividual; Juvenile Non-Residential Services Outpatient - Co-Occurri (hio-psychosocial) | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental F | ealth: Outpatient Th | erapy - Co-occurring |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Outpatient Therapy - Individual-Mental Health | | orapy of coouring, |
| Other Services | Sliding Fee Scale; | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services | Adult Residential Services Dual Residential (MH/ | SA) | | |
| Mental Health Services | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services | | | | |
| Other Services | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services | Outpatient Therapy; Medication Evaluation; Juve | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment | (bio-psychosocial) | |
| Juvenile Services | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); A SE); Assessment: Medication Management; Outpatient Therapy - In | | |
| Other Services | Sliding Fee Scale; | | | |
| | | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| Substance Abuse Services | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- to-Occurring Treatment | dult Non-Residential Adult Non-Residential rvices Intervention/Ec | Services Outpatient - ducation; Juvenile |
| Substance Abuse Services Mental Health Services | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | raluations; Adult Non-Residential Services Intervention/Education; A ant - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- to-Occurring Treatment (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental H | dult Non-Residential Adult Non-Residential rvices Intervention/Ec Residential Services | Services Outpatient - ducation; Juvenile Outpatient - Individual; |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|--|-----------------------|---------------------|--|--|
| Williams, Ann | Ann's Couch | 8109 Fort Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluat | ions; Juvenile Non- | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | | | | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Assepsychosocial); Adults who Sexually Harm Evalua | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion; Psychological Evaluation | H); Pre-Treatment A | Assessment (bio- | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso | ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Assessment: Pre-Treatment Assessment (Medicaid); Assessme ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Thera | ent: Mental Status Ex | kam (MSE); | | |
| Other Services | | | | | | |

Other Services:

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone Fax |
|---------------------------|--|---|--|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential S | valuations; Adult Non-Residential Services Intervention/Educatio es Outpatient - Groups; Adult Non-Residential Services Outpatie rvices Outpatient - Co-Occurring Treatment; Adult Non-Residen Education; Juvenile Non-Residential Services Care Monitoring S ervices Outpatient - Family; Juvenile Non-Residential Services O luvenile Non-Residential Services Intensive Outpatient Treatmer | ent - Family; Adult Non-Residential Services tial Services Intensive Outpatient Treatment; A/MH; Juvenile Non-Residential Services Dutpatient - Individual; Juvenile Non-Resident |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mer py-Mental Health; Intensive Outpatient: Intensive Outpatient The | |
| Other Services: | Sliding Fee Scale; | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 |
| Substance Abuse Services: | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mer ve Family Preservation; Outpatient Therapy - Individual-Mental H | |
| Other Services: | Sliding Fee Scale; | | |
| Dunlop, Terry | Counseling and Enrichment Center | 118 N 5th Street O'Neill NB 68763 | (308)830-0612 |
| Substance Abuse Services: | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mer Pre-Treatment Assessment (Medicaid); Non-Treatment: Anger I-Mental Health | |
| Other Services: | Sliding Fee Scale; | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 |
| Substance Abuse Services: | | | |
| Mental Health Services: | Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | |
| Other Services: | Sliding Eco Scolo: | | |

Other Services: Sliding Fee Scale;

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| Name | Agency | Address | Phone | Fax |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens : Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inten Exam (MSE); Out-C | sive Outpatient Df-Home: Foster Car |
| Other Services: | | | | |
| Obermeyer, Ashley | | 651 W 4th St Chadron NB 69337 | (605)646-3786 | (605)646-4828 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ever Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult it - Individual | Non-Residential Ser | vices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Class; Outpatient Therapy - Individual-Mental Heat | ental Health; Outpatient Therapy including Family Sessions-Mental He alth | ealth; Non-Treatmen | t: Anger Manageme |
| Other Services: | Sliding Fee Scale; | | | |
| Price, Amanda | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Assessment (Medicaid); Outpatient Therapy - Ind | ental Health; Outpatient Therapy including Family Sessions-Mental He ividual-Mental Health | ealth; Assessment: F | Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 2122 Broadway Scottsbluff NB 69361 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Services and the service of the servic | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap (MSE); Assessment: Co-Occurring; Non-Treatme | ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid nt: Family Support Worker; Non-Treatment: Supervised Visitation; No ng; Non-Treatment: Anger Management Class; Non-Treatment: Gene |); Assessment: Men on-Treatment: Tutori | tal Status Exam ng; Non-Treatment: |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Rodriquez-Fletcher, Lori | Options in Psychology, LLC | 2622 Ave C Scottsbluff NB 69361 | (308)632-8547 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | eatment Assessmer | t (Medicaid); |
| Other Services: | Assessment: Mental Status Exam (MSE); Assess | ment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental He g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Ses tus Exam (MSE); Assessment: Psychological Evaluation; Assessmer ent Therapy - Individual-Mental Health | ually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Taylor, Jennifer | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | (775)667-6079 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| | Name | Agency | Address | Phone | Fax | |
|--|------|--------|---------|-------|-----|--|
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Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Boyce, Shelley | Shelley K Boyce, LIMHP, CPC | 314 S 14th St Suite 101 Ord NB 68862 | (308)728-9979 | (308)728-9980 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | Iental Health; Outpatient Therapy - Eating Disorder; Outpatie | ent Therapy - Individual-Menta | l Health |
| Other Services: | Sliding Fee Scale; | | | |
| Dunlop, Terry | Counseling and Enrichment Center | 118 N 5th Street O'Neill NB 68763 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M Outpatient Therapy-Mental Health; Assessment: Education Class; Outpatient Therapy - Individua | Iental Health; Outpatient Therapy including Family Sessions: : Pre-Treatment Assessment (Medicaid); Non-Treatment: An Il-Mental Health | -Mental Health; Intensive Outp nger Management Class; Non- | atient: Intensive Freatment: General |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Adults who Sexually Harm Evaluation; Psychological Evalua | tion | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment | ; Assessment: Mental Status Exam (MSE); Assessment: Ps | ychological Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 124 West 25th Street Suite B4 Kearney NB 68847-4473 | (308)708-9379 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C nile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H nt (Medicaid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Eating |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) | dult Non-Residential æs Substance Abuse n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance . le Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion; Psychological E | valuation |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurring | ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessmer ent Therapy - Individual-Mental Health | xually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpaties | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv I; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No tient - Individual essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | dult Non-Residentia rices Intervention/Ei on-Residential Serv | l Services Outpatient ducation; Juvenile |
| | | ental Health; Outpatient Therapy - Individual-Mental Health | country | |
| Other Services: | Outpatient merapy including ramity Jessions-like | entai meatin, Oupatient merapy - munuda-mentai meatin | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juver | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (b | io-psychosocial) | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As SE); Assessment: Medication Management; Outpatient Therapy - Ind | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpati rvices Outpatient - Co-Occurring Treatment; Adult Non-Resider ducation; Juvenile Non-Residential Services Care Monitoring S ervices Outpatient - Family; Juvenile Non-Residential Services uvenile Non-Residential Services Intensive Outpatient Treatme | ent - Family; Adult Non-Resi ntial Services Intensive Outp GA/MH; Juvenile Non-Reside Outpatient - Individual; Juven | dential Services atient Treatment; ntial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me y-Mental Health; Intensive Outpatient: Intensive Outpatient The | | |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | | 921 W 36th st Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individu vices Outpatient - Individual | al; Juvenile Assessment Ser | vices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | • | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me aid); Assessment: Co-Occurring; Outpatient Therapy - Individua | | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me | | e-Treatment |
| Other Services: | Assessment (Medicaid); Non-Treatment: Intensiv Sliding Fee Scale; | e Family Preservation; Outpatient Therapy - Individual-Mental | Health | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education nt - Individual; Juvenile Assessment Services Substance Abus Services Outpatient - Groups; Juvenile Non-Residential Service | e Evaluations; Juvenile Non- | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy - Eating Disorder; Outpatient 1 | Therapy - Co-occurring; Asse | essment: Pre- |
| Other Services: | Treatment Assessment (Medicaid); Assessment: Sliding Fee Scale; | Co-Occurring; Outpatient Therapy - Individual-Mental Health | | |
| Other Services. | Siluing ree Scale, | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Ad ient - Co-Occurring Treatment; Juvenile Assessment Services Subst nile Non-Residential Services Outpatient - Individual; Juvenile Non-F | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| | Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Trument: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Estrada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ns | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tru ment: Co-Occurring; Outpatient Therapy - Individual-Mental Health | eatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Individual-Mental I | ntal Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - Eating |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ntal Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens : Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inten Exam (MSE); Out-C | sive Outpatient 0f-Home: Foster Care |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial) |) | |
| Juvenile Services: | | Nental Health; Outpatient Therapy - Eating Disorder; Assessme Treatment: Anger Management Class; Outpatient Therapy - Ind | | ent (Medicaid); Non |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial) | | |
| | Disorder; Intensive Outpatient: Intensive Outpati Exam (MSE); Contracted Services: Tracker; Cor (Except Douglas County); Non-Treatment: Inten Treatment: Evening Reporting; Non-Treatment: Health | Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi ient Therapy-Co-occurring; Assessment: Pre-Treatment Assess intracted Services: Electronic Monitoring; Non-Treatment: Family sive Family Preservation; Non-Treatment: Supervised Visitation Anger Management Class; Non-Treatment: General Education | ment (Medicaid); Assessm y Support Worker; Non-Trea ı; Non-Treatment: Day Rep | ent: Mental Status atment: Tracker orting; Non- |
| Other Services: | Bilingual Services; | | | |
| Price, Amanda | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial) | | |
| | Assessment (Medicaid); Outpatient Therapy - In | lental Health; Outpatient Therapy including Family Sessions-Me dividual-Mental Health | ental Health; Assessment: F | Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 2122 Broadway Scottsbluff NB 69361 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Resident | | |
| | Residential Services Outpatient - Co-Occurring | Treatment | | |
| Mental Health Services: | 1 0 | Treatment sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-1 | reatment Assessment (bio- | psychosocial); Co- |
| | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring Outpatient Therapy including Group Sessions-M Intensive Outpatient: Intensive Outpatient Thera (MSE); Assessment: Co-Occurring; Non-Treatm | | ental Health; Outpatient The edicaid); Assessment: Ment tion; Non-Treatment: Tutorii | rapy - Co-occurring tal Status Exam ng; Non-Treatment |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | aluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil ndividual; Juvenile Non-Residential Services Outpatient - Co-Oco | ual; Adult Non-Residential S Services Substance Abuse le Non-Residential Services | ervices Outpatient - Evaluations; Juvenile s Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Men aid); Outpatient Therapy - Individual-Mental Health | tal Health; Outpatient Ther | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; ive Outpatient Treatment; Juvenile Assessment Services Substa le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Ev | ance Abuse Evaluations; Ju | venile Non- |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Men g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Wh itus Exam (MSE); Assessment: Psychological Evaluation; Asses ient Therapy - Individual-Mental Health | o Sexually Harm; Assessm | ent: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu vices Intervention/Education; Juvenile Non-Residential Services | ial; Juvenile Assessment S | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |

| Name | Agency | Address | Phone | Fax |
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| Armstrong, Melissa | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Residential Servic Residential Services Intervention/Education; Juve | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad ces Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential e Abuse Evaluations sidential Services O | Services Outpatient - ; Juvenile Non- utpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring; Outpatient Therapy - | - Individual-Mental H | lealth |
| Other Services: | Sliding Fee Scale; | | | |
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | dult Non-Residential | Services Outpatient - |
| | | Services Intensive Outpatient Treatment; Adult Residential Services D | Dual Residential (MH | /SA) |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | | Dual Residential (MH | /SA) |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | | Juai Residentiai (MH | /SA) |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | | (402)370-3140 | /SA) (402)370-3373 |
| Juvenile Services: Other Services: Barritt, Samantha | Outpatient Therapy; Pre-Treatment Assessment of Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services | (bio-psychosocial); Co-Occurring | (402)370-3140 ential Services Interv on-Residential Servic ing Treatment; Adult ices Short Term Res hile Non-Residential ent - Family; Juvenil | (402)370-3373 ention/Education; ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| Juvenile Services: Other Services: Barritt, Samantha Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment of Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluatic Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Resid | (bio-psychosocial); Co-Occurring 900 W Norfolk Ave Ste 200 Norfolk NB 68701 seessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult No nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential Services Outpatient - Co-Occurr ons; Juvenile Non-Residential Services Intervention/Education; Juver vices Outpatient - Groups; Juvenile Non-Residential Services Outpati esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- | (402)370-3140 ential Services Interv on-Residential Servic ing Treatment; Adult ices Short Term Res hile Non-Residential ent - Family; Juvenil | (402)370-3373 ention/Education; ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| Juvenile Services: Other Services: Barritt, Samantha Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment of Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services Outpatient Treatment Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte | (bio-psychosocial); Co-Occurring 900 W Norfolk Ave Ste 200 Norfolk NB 68701 seessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult No nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential Services Outpatient - Co-Occurr ons; Juvenile Non-Residential Services Intervention/Education; Juver vices Outpatient - Groups; Juvenile Non-Residential Services Outpati esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- | (402)370-3140 ential Services Interv on-Residential Servic ing Treatment; Adult ices Short Term Res ille Non-Residential ent - Family; Juvenil n-Residential Service ealth; Outpatient The ive Outpatient: Inten | (402)370-3373 ention/Education; ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential es Intensive erapy - Eating sive Outpatient |

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| Name | Agency | Address | Phone | Fax |
| Bender, Jennifer | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | I; Adult Non-Residential S Services Intervention/Edu | ervices Outpatient - cation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Treatment: Intensive Family Preservation; Outpat | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre tient Therapy - Individual-Mental Health | e-Treatment Assessment (| Medicaid); Non- |
| Other Services: | | | | |
| Bender-Brummels, Jennifer | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid | 1 | l; Juvenile Assessment Se | ervices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy - Eating Disorder; Assessment: (| Co-Occurring; Outpatient 7 | herapy - Individual- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bowens Kissi Afare, | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education, nt - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se Juvenile Non-Residential Services Outpatient - Groups; Juvenile idividual; Juvenile Non-Residential Services Outpatient - Co-Occu | I; Adult Non-Residential S ervices Substance Abuse I Non-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | 1 17 | y-Mental Health; Non-Treatment: Family Support Worker; Outpat | ient Therapy - Individual-N | Iental Health |
| Other Services: | Sliding Fee Scale; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Inte :: Pre-Treatment Assessment (Medicaid); Assessment: Mental Sta rapy - Individual-Mental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|----------------------|-----------------------|
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Intensive Outpatie (Medicaid); Assessment: Mental Status Exam (MSE); Outpatient The | | |
| Other Services: | Sliding Fee Scale; | | | |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Community Treatment Aide; Non-Treatment: Fan | nily Support Worker | | |
| Other Services: | | | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental Health | | Pre-Treatment |
| Other Services: | Bilingual Services; | e Family Preservation; Outpatient Therapy - Individual-Mental Health | | |
| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Assessment: Mental Status Exam (MSE); Contra | ental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre- cted Services: Tracker; Non-Treatment: Family Support Worker; Non- ment: Day Reporting; Non-Treatment: Anger Management Class; No | -Treatment: Intensiv | e Family Preservation |
| Other Services: | | | | |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Glesinger, Kayla | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juveni | ssessment Services Substance Abuse Evaluations; Adult Non- ups; Adult Non-Residential Services Outpatient - Family; Adult Occurring Treatment; Adult Non-Residential Services Intensive ervices Substance Abuse Evaluations; Juvenile Non-Residentia le Non-Residential Services Outpatient - Family; Juvenile Non- co-Occurring Treatment; Juvenile Non-Residential Services Inte | Non-Residential Services Ou Outpatient Treatment; Adult al Services Intervention/Educa -Residential Services Outpati | tpatient - Individual; Residential Service ation; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me by-Co-occurring; Assessment: Co-Occurring; Outpatient Thera | | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - C | 0 | dual; Adult Non-Residential S ance Abuse Evaluations; Juv | ervices Intensive enile Non- |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Therapy - Individual-Mental Health | olo-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Me by-Co-occurring; Assessment: Pre-Treatment Assessment (Me | ental Health; Outpatient Thera dicaid); Assessment: Co-Occ | apy - Co-occurring; eurring; Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation Assessment: Mental Status Exam (MSE); Assessment: Psych | | ent: Juvenile Who |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |

| Name | Agency | Address | Phone | Fax |
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| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occi (bio-psychosocial); Co-Occurring | al; Adult Non-Residential ervices Substance Abus e Non-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| Juvenile Services: Other Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Ment by-Mental Health; Intensive Outpatient: Intensive Outpatient Thera ring; Non-Treatment: Intensive Family Preservation; Non-Treatme ndividual-Mental Health | apy-Co-occurring; Asses | sment: Pre-Treatmer |
| Larson, Beth | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Preservation | oy-Mental Health; Assessment: Pre-Treatment Assessment (Medi | icaid); Non-Treatment: Ir | ntensive Family |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen | ental Health; Outpatient Therapy including Family Sessions-Ment ensive Outpatient: Intensive Outpatient Therapy-Mental Health; In t: Pre-Treatment Assessment (Medicaid); Assessment: Mental St .gency Supported); Out-Of-Home: Respite Care; Outpatient Thera | tensive Outpatient: Inter atus Exam (MSE); Out-0 | nsive Outpatient Of-Home: Foster Care |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | lental Health; Outpatient Therapy - Eating Disorder; Assessment: reatment: Anger Management Class; Outpatient Therapy - Individ | | nent (Medicaid); Non |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Community Treatment Aide; Intensive O Disorder; Intensive Outpatient: Intensive Outpatie Exam (MSE); Contracted Services: Tracker; Cont (Except Douglas County); Non-Treatment: Intens | ental Health; Outpatient Therapy including Family Sessions-Mental He Dutpatient: Intensive Outpatient Therapy-Mental Health; Intensive Out ent Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (I tracted Services: Electronic Monitoring; Non-Treatment: Family Suppo ive Family Preservation; Non-Treatment: Supervised Visitation; Non-T anger Management Class; Non-Treatment: General Education Class; | patient: Intensive Ou Medicaid); Assessmo ort Worker; Non-Trea Freatment: Day Repo | utpatient- Eating ent: Mental Status atment: Tracker orting; Non- |
| Other Services: | Bilingual Services; | | | |
| Mitchell, David | Associated Psychologists and Counselors | 1306 N 13th St Norfolk NB 68702 | (402)371-8218 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation; Psychological Evaluation | | |
| Juvenile Services: | Assessment: Psychological Evaluation | | | |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | | cation; Adult Non-Residential Services Outpatient - Groups; Adult Non idual; Adult Non-Residential Services Outpatient - Co-Occurring Treat (bio-psychosocial); Co-Occurring | | |
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He rvation; Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | rapy - Eating |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Non-Residential Services Outpatient - Family; Ac Treatment; Adult Non-Residential Services Inten Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Resid dult Non-Residential Services Outpatient - Individual; Adult Non-Resi sive Outpatient Treatment; Adult Residential Services Short Term Re sidential Services Outpatient - Groups; Juvenile Non-Residential Ser enile Non-Residential Services Outpatient - Co-Occurring Treatment; | dential Services Outp esidential; Juvenile A vices Outpatient - Fa | batient - Co-Occurring ssessment Services mily; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid ient: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | |
| | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog | gical Evaluation | |
| Juvenile Services: | Treatment Assessment (Medicaid); Assessment: | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Psychological Evaluation; | | |
| Other Services: | Risk Assessment; Outpatient Therapy - Individua | al-Mental Health | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Assessment: Pre-Treatment Assessment (Medic | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | lealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups; Adul ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | Abuse Evaluations; | Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H ng; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se | | erapy - Youth Who |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol ent: Co-Occurring; Outpatient Therapy - Individual-Mental Health | ogical Evaluation; As | sessment: Juvenile |
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Adul | ts who Sexually Harr | n Evaluation |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | lealth; Community Tr | eatment Aide; |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)371-3044 | |
| | Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual Outpatient Therapy; Co-Occurring Assessment: Pre-Treatment Assessment (Medica | nt - Family; Adult Non-Residential Services Outpatient - Individual; J vices Intervention/Education; Juvenile Non-Residential Services Out aid); Non-Treatment: Family Support Worker | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | | Adult Non-Residential ces Substance Abus on-Residential Servic ng Treatment; Juveni | Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H y-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | Sliding Fee Scale; | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Adus so Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re ervices Substance Al venile Non-Resident | esidential Services buse Evaluations; al Services Outpatier |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- | Treatment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-M aid); Assessment: Co-Occurring; Non-Treatment: Anger Mana Mantal Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Wattier, Mary Rose | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Educa nt - Family; Adult Non-Residential Services Outpatient - Indivi Services Intensive Outpatient Treatment; Juvenile Assessmen ; Juvenile Non-Residential Services Outpatient - Groups; Juve idividual; Juvenile Non-Residential Services Outpatient - Co-C | dual; Adult Non-Residential t Services Substance Abus nile Non-Residential Servic Occurring Treatment; Juveni | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family le Non-Residential |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- | Treatment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out occurring; Assessment: Co-Occurring; Outpatient | patient: Intensive Outpatient Therapy-Mental Health; Intensive t Therapy - Individual-Mental Health | e Outpatient: Intensive Outp | atient Therapy-Co- |
| Other Services: | | | | |
| Wright, Chad | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Assepsychosocial); Adults who Sexually Harm Evalua | essment (PTA); Juvenile Youth Who Sexually Harm Evaluatio tion | n (YWSH); Pre-Treatment A | Assessment (bio- |
| Juvenile Services: | Outpatient: Intensive Outpatient Therapy-Youth V | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Vho Sexually Harm; Assessment: Pre-Treatment Assessment e Family Preservation; Outpatient Therapy - Individual-Menta | (Medicaid); Assessment: J | |

Other Services: Sliding Fee Scale; Hearing Impaired;

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Educ nt - Family; Adult Non-Residential Services Outpatient - Ind | | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Ass | ental Health; Outpatient Therapy including Family Sessions- essment: Pre-Treatment Assessment (Medicaid); Assessmucation Class; Outpatient Therapy - Individual-Mental Health | ent: Co-Occurring; Non-Treat | |
| Other Services: | Sliding Fee Scale; | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Indiv ices Substance Abuse Evaluations; Juvenile Non-Residenti ent | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Harris, JennaLee | OZ-Some Possibilities Counseling | 6150 Highway 136 STE 1 Hebron NB 68370 | (402)853-3929 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | ividual; Adult Non-Residentia ential Services Intervention/Ec ile Non-Residential Services | Services Outpatient ducation; Juvenile Outpatient - Individu |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | ental Health; Outpatient Therapy including Family Sessions- Treatment: General Education Class; Outpatient Therapy - | Mental Health; Outpatient The Individual-Mental Health | erapy - Co-occurring |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluat | tion | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psy | chological Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |

Other Services:

| Nama | | A Juliana a | Dhama | Fau |
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| Name | Agency | Address | Phone | Fax |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 13 | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer Mediation; Outpatient Therapy - Individual-Mental Health | th; Intensive Outpati ent: Pre-Treatment A | ent: Intensive ssessment (Medicaid |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inter Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensit: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inter Exam (MSE); Out-0 | nsive Outpatient Of-Home: Foster Care |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | raluations; Adult Non-Residential Services Intervention/Education; Ad ont - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services. | Shung ree Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance A le Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on; Psychological E | valuation |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental He ig; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sex atus Exam (MSE); Assessment: Psychological Evaluation; Assessmen ient Therapy - Individual-Mental Health | ually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | (SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| , | | 942 N 13th Geneva NB 68361 raluations; Adult Non-Residential Services Outpatient - Co-Occurring | (-) | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | | Treatment | (402)759-3803 |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Medication Evaluation; Juve Outpatient Therapy including Family Sessions-Me | raluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment io-psychosocial) sessment: Outpatie | nt Psychiatric |

| Name | Agency | Address | Phone | Fax |
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| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Educates Outpatient - Groups; Adult Non-Residential Services Outpatroices Outpatient - Co-Occurring Treatment; Juvenile Assessen ducation; Juvenile Non-Residential Services Care Monitoring ervices Outpatient - Family; Juvenile Non-Residential Services | tient - Family; Adult Non-Res nent Services Substance Abu SA/MH; Juvenile Non-Reside | idential Services se Evaluations; ntial Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy including Family Sessions-M | ental Health; Outpatient Ther | apy - Eating |
| Other Services: | Sliding Fee Scale; | Tealui | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | aluations; Adult Non-Residential Services Intervention/Educatint - Family; Adult Non-Residential Services Outpatient - Individential Services Intensive Outpatient Treatment; Juvenile Assessment; Juvenile Non-Residential Services Outpatient - Groups; Juveridividual; Juvenile Non-Residential Services Outpatient - Co-C | dual; Adult Non-Residential S t Services Substance Abuse enile Non-Residential Services | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | | | antal Llaskh, Outrations Then | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-M aid); Outpatient Therapy - Individual-Mental Health | entai neaith, Outpatient Ther | apy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups ive Outpatient Treatment; Juvenile Assessment Services Sub- le Non-Residential Services Outpatient - Individual | stance Abuse Evaluations; Ju | venile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm | Evaluation; Psychological Eva | aluation |
| | Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpat | ental Health; Outpatient Therapy including Family Sessions-M g; Intensive Outpatient: Intensive Outpatient Therapy-Youth V tus Exam (MSE); Assessment: Psychological Evaluation; Ass ient Therapy - Individual-Mental Health | Vho Sexually Harm; Assessm | ent: Pre-Treatment |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Educatior nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Adult Residential Service | al; Adult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Ini :: Pre-Treatment Assessment (Medicaid); Assessment: Mental S rapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatie rvices Outpatient - Co-Occurring Treatment; Adult Non-Resident | nt - Family; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| | | | | |
| Cochran, Virginia | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| , 5 | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | raluations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Outpatient Services Substance Abuse Evaluations; Juvenile amily; Juvenile Non-Residential Services Outpatient - Individual; | Adult Non-Residential Ser ccurring Treatment; Adult Non-Residential Services | Non-Residential Outpatient - Groups |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil Juvenile Non-Residential Services Outpatient - F Co-Occurring Treatment; Juvenile Non-Residenti | raluations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Outpatient Services Substance Abuse Evaluations; Juvenile amily; Juvenile Non-Residential Services Outpatient - Individual; | Adult Non-Residential Ser ccurring Treatment; Adult Non-Residential Services Juvenile Non-Residentia | Non-Residential Outpatient - Groups |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil Juvenile Non-Residential Services Outpatient - F Co-Occurring Treatment; Juvenile Non-Residenti Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy - Co-occurring; Community T | aluations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Oc e Assessment Services Substance Abuse Evaluations; Juvenile amily; Juvenile Non-Residential Services Outpatient - Individual; al Services Intensive Outpatient Treatment | Adult Non-Residential Ser ccurring Treatment; Adult Non-Residential Services Juvenile Non-Residentia Co-Occurring | Non-Residential Outpatient - Groups Services Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Disorder; Outpatient Therapy - Individual-Mental | ental Health; Outpatient Therapy including Family Sessions-Menta Health | l Health; Outpatient Thera | apy - Eating |
| Other Services: | | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential e Evaluations; Juvenile Non-Residential Services Intervention/Educ al Services Outpatient - Groups; Juvenile Non-Residential Service enile Non-Residential Services Outpatient - Co-Occurring Treatme | t - Family; Adult Non-Resi I Services Intensive Outpa cation; Juvenile Non-Resi s Outpatient - Family; Juv nt; Juvenile Non-Resident | dential Services atient Treatment; dential Services enile Non- |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co | - | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Menta by-Mental Health; Day Treatment Day Treatment-Mental Health; A Class; Non-Treatment: General Education Class; Outpatient Thera | ssessment: Pre-Treatmer | nt Assessment |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psycholog | gical Evaluation; Assessm | ent: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Int Therapy-Youth Who Sexually Harm; Assessmer | Iental Health; Outpatient Therapy including Family Sessions-Mental ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Inter nt: Pre-Treatment Assessment (Medicaid); Assessment: Mental State Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy | nsive Outpatient: Inter us Exam (MSE); Out-0 | nsive Outpatient Of-Home: Foster Ca |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | ucation; Adult Non-Residential Services Outpatient - Groups; Adult N vidual; Adult Non-Residential Services Outpatient - Co-Occurring Tr | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Peters, Martinique | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Polk, Kelley | Premier Counseling Services PLLC | 2004 S Saint Aubin St Suite 101 Sioux City IA 51106 | (712)870-1445 | (712)248-8866 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Family; Adul | t Non-Residential Ser | vices Outpatient - |
| Mantal Llashh Carriaga | Individual; Adult Non-Residential Services Outpa | 0 | | |
| | Outpatient Therapy; Pre-Treatment Assessment | r (bio-psychosocial); Co-Occurring caid); Assessment: Mental Status Exam (MSE); Outpatient Therapy | la dividual Mantal I Ia | a 14h |
| Other Services: | · · | caid), Assessment. Mental Status Exam (MSE), Outpatient merapy | | ain |
| Other Services. | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Ma | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholo | gical Evaluation | |
| Juvenile Services: | | Iental Health; Outpatient Therapy - Eating Disorder; Outpatient Ther Mental Status Exam (MSE); Assessment: Psychological Evaluation al-Mental Health | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | ntal Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | Health; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adul ve Outpatient Treatment; Juvenile Assessment Services Substance e Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | ntal Health; Outpatient Therapy including Family Sessions-Mental H g: Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessme | Health; Outpatient The exually Harm; Assess | erapy - Youth Who ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Juvenile Assessment S ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - C | Family; Adult Non-Re ervices Substance Al uvenile Non-Resident | esidential Services ouse Evaluations; ial Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatn | nent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ntal Health; Outpatient Therapy including Family Sessions-Mental F aid); Assessment: Co-Occurring; Non-Treatment: Anger Managemer Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|--|---|------------------------|-------------------|--|--|
| Wattier, Mary Rose | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenil Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family Iuvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Services Outpatient - Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Services Outpatient - Servic | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio-p | sychosocial); Co- | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out occurring; Assessment: Co-Occurring; Outpatient | patient: Intensive Outpatient Therapy-Mental Health; Intensive Outpat t Therapy - Individual-Mental Health | ient: Intensive Outpat | ient Therapy-Co- | | |
| Other Services: | | | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Boyce, Shelley | Shelley K Boyce, LIMHP, CPC | 314 S 14th St Suite 101 Ord NB 68862 | (308)728-9979 | (308)728-9980 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap | y - Individual-Menta | l Health |
| Other Services: | Sliding Fee Scale; | | | |
| Dunlop, Terry | Counseling and Enrichment Center | 118 N 5th Street O'Neill NB 68763 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy-Mental Health; Assessment: Education Class; Outpatient Therapy - Individual- | ental Health; Outpatient Therapy including Family Sessions-Mental He Pre-Treatment Assessment (Medicaid); Non-Treatment: Anger Mana -Mental Health | ealth; Intensive Outp gement Class; Non- | atient: Intensive Freatment: General |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Kennedy, Jr., William T. | | 2267 N Webb Rd Grand Island NB 68803 | (308)390-6948 | (308)624-2164 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual | dult Non-Residential | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpaties | raluations; Adult Non-Residential Services Care Monitoring SA/MH; A ont - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I renile Assessment Services Substance Abuse Evaluations; Juvenile atient - Groups; Juvenile Non-Residential Services Outpatient - Fami Services Outpatient - Co-Occurring Treatment; Juvenile Non-Reside | dult Non-Residential Dual Residential (MH Non-Residential Sen ly; Juvenile Non-Res | Services Outpatient //SA); Adult vices Care Monitorin idential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 124 West 25th Street Suite B4 Kearney NB 68847-4473 | (308)708-9379 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educat al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re ervices Intensive Ou ion; Juvenile Non-Re Dutpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H ent (Medicaid); Outpatient Therapy - Individual-Mental Health | lealth; Outpatient The | erapy - Eating |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental Hensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensi: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy | sive Outpatient: Inter s Exam (MSE); Out-0 | sive Outpatient Df-Home: Foster Car |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Other Services: | | | | • |
| starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Educ nt - Family; Adult Non-Residential Services Outpatient - Ind Services Intensive Outpatient Treatment; Juvenile Assessm Juvenile Non-Residential Services Outpatient - Groups; Ju dividual; Juvenile Non-Residential Services Outpatient - Co | lividual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Service | Services Outpatient Evaluations; Juver s Outpatient - Fam |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions- aid); Outpatient Therapy - Individual-Mental Health | Mental Health; Outpatient The | rapy - Co-occurring |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Grou ive Outpatient Treatment; Juvenile Assessment Services Su le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harr | ubstance Abuse Evaluations; J | uvenile Non- |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurring | ental Health; Outpatient Therapy including Family Sessions- g; Intensive Outpatient: Intensive Outpatient Therapy-Youth tus Exam (MSE); Assessment: Psychological Evaluation; A ent Therapy - Individual-Mental Health | h Who Sexually Harm; Assessn | nent: Pre-Treatmer |
| Other Services: | Sliding Fee Scale; | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Intervention/Educ nt - Family; Adult Non-Residential Services Outpatient - Ind ervices Substance Abuse Evaluations; Juvenile Non-Reside 1; Juvenile Non-Residential Services Outpatient - Groups; J tient - Individual | lividual; Adult Non-Residential ential Services Intervention/Edu | Services Outpatien |
| | Outpatient Thereny, Investig Dro Treatment Asso | essment (PTA); Pre-Treatment Assessment (bio-psychosoc | ial); Co-Occurring | |
| Mental Health Services: | Outpatient Therapy, Juvenile Pre-Treatment Asse | | | |
| | | ental Health; Outpatient Therapy - Individual-Mental Health | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax | |
|---------------------|--|--|---------------|-----|--|
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | | |
| | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient roups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatier o-Occurring Treatment | | | | |
| | | risis Phone Line; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating | | | |
| | | essment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C | | | |
| Other Services: | Sliding Fee Scale: | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Aguilar, Christine | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)522-7234 | • |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 15 | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | |
| Mental Health Services: | · · · · · · · · · · · · · · · · · · · | atment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barrett-McClendon, | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (888)405-8738 | (531)210-3020 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-C | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bendy, Laurie | | 13906 Gold Circle, Suite 202 Omaha NB 68144 | (402)932-6500 | (402)932-6504 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | - | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- | | rvices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Broekemeier, Robert | Robert Broekemeier Counseling LLC | 268 N 115th St Suite 1 Omaha NB 68154 | (402)965-1564 | (402)260-7125 |
| | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | - | Occurring Treatment; Juve | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | ental Health; Outpatient Therapy - Co-occurring; Outpatient Th | erapy - Individual-Mental H | lealth |
| Other Services: | | | | |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | valuations; Adult Non-Residential Services Intervention/Educat utpatient - Groups; Adult Non-Residential Services Outpatient - rvices Intensive Outpatient Treatment; Adult Non-Residential S | Family; Adult Non-Resider | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Stanley | Carlson Counseling Services LLC | 230 E 22nd St Ste 3 Fremont NB 68025 | (402)721-8805 | (402)727-4839 |
| | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenil Treatment | valuations; Adult Non-Residential Services Outpatient - Family; tient - Co-Occurring Treatment; Juvenile Assessment Services e Non-Residential Services Outpatient - Individual; Juvenile No | Substance Abuse Evaluat on-Residential Services Ou | ions; Juvenile Non- tpatient - Co-Occurrir |
| Mental Health Services: | 1 1 2 7 | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Juven osocial); Co-Occurring; Adults who Sexually Harm Evaluation | nile Youth Who Sexually H | arm Evaluation |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outp ient: Mental Status Exam (MSE); Outpatient Therapy - Individual-W | | ccurring; Assessment: |
| Other Services: | | | | |
| Cave, Korina | Lutheran Family Services of NE Inc | 1420 E Military Ave Fremont NB 68025 | (402)721-1774 | (402)721-9689 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; ant - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | |
| Mental Health Services: | Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | urring Treatment; Juve dential Services Outpa | nile Assessment |
| Mental Health Services: Juvenile Services: | Crisis Phone Line; Emergency Medical Health Ex | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psy | chosocial); Co-Occurri | ing |
| Other Services: | No Voucher Acceptance; | | | |
| Corrado, Michael | MAK Development (Michael's House) | 9007 F St Omaha NB 68127 | (402)917-0926 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Assepsychosocial); Adults who Sexually Harm Evaluation | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YV tion; Psychological Evaluation | NSH); Pre-Treatment / | Assessment (bio- |
| Juvenile Services: | Sexually Harm; Assessment: Pre-Treatment Ass | ental Health; Outpatient Therapy including Family Sessions-Mental essment (Medicaid); Assessment: Outpatient Psychiatric Evaluation ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Th | n; Assessment: Menta | I Status Exam (MSE); |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| Dombrowski, Lydia | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)305-8881 | |
| | Adult Assessment Services Substance Abuse Ev | aluations | () | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Ad | dult Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Co-Occurring | tient - Co-Occurring Treatment | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Engle, Christine | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy - I | ndividual-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Gaines, Denise | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; int - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individual iervices Substance Abuse Evaluations; Juvenile Non-Residential S uvenile Non-Residential Services Outpatient - Family; Juvenile No o-Occurring Treatment | l; Adult Non-Residentia Services Intervention/Ec | Services Outpatient ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Menta aid); Assessment: Co-Occurring; Outpatient Therapy - Individual-N | | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|--------------------------------------|
| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin e Residential Services Therapeutic Community or Therapeutic Group | ing Treatment; Juver idential Services Out ng Treatment; Juveni | nile Assessment patient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | occurring; Therapeutic Group Home-Co-Occurring Individual-Mental Health | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Substance Abuse Services: | Adult Residential Services Therapeutic Communi Residential | ty; Juvenile Residential Services Halfway-House or SA Group Home | ; Juvenile Residentia | I Services Short Ter |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Assess | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psychosocial); | hological Evaluation | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disor | ental Health; Outpatient Therapy including Family Sessions-Mental Herder; Assessment: Pre-Treatment Assessment (Medicaid); Assessme ent: Juvenile Who Sexually Harm Risk Assessment; Outpatient Thera | ent: Mental Status Ex | am (MSE); |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|--|--|---|--|--|
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: Mental Health Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Assessment Services Substance Abuse Evaluations; Juvenile No I Services Outpatient - Groups; Juvenile Non-Residential Services C esidential Services Outpatient - Co-Occurring Treatment; Juvenile N (bio-psychosocial): Co-Occurring | urring Treatment; Adul on-Residential Service Dutpatient - Family; Ju | t Non-Residential s venile Non-Residentia |
| | Outpatient Therapy including Group Sessions-Me Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental by-Mental Health; Intensive Outpatient: Intensive Outpatient Therap atus Exam (MSE); Assessment: Co-Occurring; Outpatient Therapy - | y-Co-occurring; Asses | ssment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Kathleen | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | | | | |
| Juvenile Services: | Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); | Outpatient Therapy - I | ndividual-Mental |
| | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); | Outpatient Therapy - I | ndividual-Mental |
| | Health | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); PO Box 22746 Lincoln NB 68542 | Outpatient Therapy - I (402)429-1050 | ndividual-Mental |
| Other Services: | Health Sliding Fee Scale; | | | ndividual-Mental |
| Other Services: Jones, James | Health Sliding Fee Scale; Community Justice Center | | | ndividual-Mental |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Health Sliding Fee Scale; Community Justice Center | PO Box 22746 Lincoln NB 68542 | | ndividual-Mental |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Health Sliding Fee Scale; Community Justice Center Outpatient Therapy | PO Box 22746 Lincoln NB 68542 | | ndividual-Mental |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Health Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | PO Box 22746 Lincoln NB 68542 | | ndividual-Mental |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kimmerling, Katherine Substance Abuse Services: | Health Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; The Bridge Behavioral Health Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | PO Box 22746 Lincoln NB 68542 General Education Class 721 K St. Lincoln NB 68508 valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Sem ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | (402)429-1050 (402)477-3951 Adult Non-Residential Adult Non-Residential vices Substance Abus Non-Residential Servic | (402)477-3922 Services Outpatient - I Services Outpatient e Evaluations; Juveni ces Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpaties | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A int - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I renile Assessment Services Substance Abuse Evaluations; Juvenile I atient - Groups; Juvenile Non-Residential Services Outpatient - Famil Services Outpatient - Co-Occurring Treatment; Juvenile Non-Reside | dult Non-Residentia Dual Residential (MH Non-Residential Ser ly; Juvenile Non-Res | I Services Outpatient I/SA); Adult vices Care Monitoring idential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatier | | ring Treatment; Adul | t Non-Residential |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Loftis, Mary | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | tions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Outpatient Th | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera herapy - Individual-Mental Health | py - Co-occurring; A | ssessment: Pre- |
| Other Services: | | | | |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Family; Adult Non-Residential Services Outpatient - Ir | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Sliding Fee Scale; | | | |
| Other Services. | Siluing ree Scale, | | | |

| Name | Agency | Address | Phone | Fax |
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| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Ment by-Mental Health; Intensive Outpatient: Intensive Outpatient Ther atus Exam (MSE); Assessment: Co-Occurring; Outpatient Therap | apy-Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inter Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Ment ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Ir t: Pre-Treatment Assessment (Medicaid); Assessment: Mental St gency Supported); Out-Of-Home: Respite Care; Outpatient Thera | ntensive Outpatient: Inten tatus Exam (MSE); Out-O | sive Outpatient Df-Home: Foster Care |
| | | 3 · · · · · · · · · · | apy manada monari | ealth |
| Other Services: | | | | ealth |
| Other Services: Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | ealth (402)590-2030 |
| Moreno, Dominique | Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | | (402)590-2947 dult Non-Residential Ser substance Abuse Evaluat | (402)590-2030 vices Outpatient - ions; Juvenile Non- |
| Moreno, Dominique Substance Abuse Services: | Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenik | 4565 S 133rd St Omaha NB 68137 valuations; Adult Non-Residential Services Outpatient - Family; Av tient - Co-Occurring Treatment; Juvenile Assessment Services S | (402)590-2947 dult Non-Residential Ser substance Abuse Evaluat | (402)590-2030 vices Outpatient - ions; Juvenile Non- |
| Moreno, Dominique Substance Abuse Services: Mental Health Services: | Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenily Treatment Outpatient Therapy; Co-Occurring | 4565 S 133rd St Omaha NB 68137 valuations; Adult Non-Residential Services Outpatient - Family; Av tient - Co-Occurring Treatment; Juvenile Assessment Services S | (402)590-2947 dult Non-Residential Ser Substance Abuse Evaluat Residential Services Out | (402)590-2030 vices Outpatient - ions; Juvenile Non- tpatient - Co-Occurring |
| Moreno, Dominique Substance Abuse Services: Mental Health Services: | Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Co-Occurring Outpatient Therapy including Family Sessions-M Mental Health | 4565 S 133rd St Omaha NB 68137 raluations; Adult Non-Residential Services Outpatient - Family; A tient - Co-Occurring Treatment; Juvenile Assessment Services S e Non-Residential Services Outpatient - Individual; Juvenile Non- | (402)590-2947 dult Non-Residential Ser Substance Abuse Evaluat Residential Services Out | (402)590-2030 vices Outpatient - ions; Juvenile Non- tpatient - Co-Occurring |
| Moreno, Dominique Substance Abuse Services: Mental Health Services: Juvenile Services: | Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Co-Occurring Outpatient Therapy including Family Sessions-M Mental Health | 4565 S 133rd St Omaha NB 68137 raluations; Adult Non-Residential Services Outpatient - Family; A tient - Co-Occurring Treatment; Juvenile Assessment Services S e Non-Residential Services Outpatient - Individual; Juvenile Non- | (402)590-2947 dult Non-Residential Ser Substance Abuse Evaluat Residential Services Out | (402)590-2030 vices Outpatient - ions; Juvenile Non- tpatient - Co-Occurring |
| Moreno, Dominique Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Morton, Crystal | Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient Residential Services Outpatient - Family; Juvenily Treatment Outpatient Therapy; Co-Occurring Outpatient Therapy including Family Sessions-M Mental Health Heartland Family Service Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | 4565 S 133rd St Omaha NB 68137 valuations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services S e Non-Residential Services Outpatient - Individual; Juvenile Non- ental Health; Outpatient Therapy - Co-occurring; Assessment: Co | (402)590-2947 dult Non-Residential Services Out bubstance Abuse Evaluat Residential Services Out p-Occurring; Outpatient T (402)680-6429 n; Adult Non-Residential al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic | (402)590-2030 vices Outpatient - ions; Juvenile Non- tpatient - Co-Occurrin Therapy - Individual- Services Outpatient - Services Outpatient - e Evaluations; Juveni es Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Ment patient: Intensive Outpatient Therapy-Co-occurring; Assessment: | , , , , , , , , , , , , , , , , , , , | |
| Other Services: | | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatier rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia | nt - Family; Adult Non-Re | esidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Youth Who Sexual | ly Harm Evaluation (YWSH); Adults who Sexually Harm Evaluatio | n; Psychological Evalua | tion |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medic Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psyc | chological Evaluation; As | ssessment: Juvenile |
| Other Services: | | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Intervention/Education; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occ | curring Treatment; Juve Residential Services Ou | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M Outpatient Therapy - Individual-Mental Health | lental Health; Assessment: Pre-Treatment Assessment (Medicaid |); Assessment: Mental S | Status Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| Pope, Michelle | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)669-6204 | (402)939-0666 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc a Non-Residential Services Intervention/Education; Juvenile Non-I amily; Juvenile Non-Residential Services Outpatient - Individual; | curring Treatment; Juve Residential Services Ou | nile Assessment tpatient - Groups; |
| Montal Health Sonvices: | 5 | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | atment Assessment (bio | |
| mental realtri Services. | Occurring | | | -psychosocial); Co- |

| Name | Agency | Address | Phone | Fax | |
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| | Treatment: Intensive Family Preservation; Outpat | ient Thereny, Individual Mantal Health | | | |
| Other Services: | | ent merapy - murriduar-mentar realth | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education I Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; A | amily; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | | |
| | outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Outpatient Therapy - Individual-Mental lealth | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Robbins, Virgen | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)721-1774 | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad ient - Co-Occurring Treatment; Adult Non-Residential Services Inter- | | | |
| | Outpatient Therapy; Co-Occurring | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 | |
| Substance Abuse Services: | | aluations; Adult Residential Services Therapeutic Community; Juven | ile Assessment Serv | vices Substance Abuse | |
| Mental Health Services: | Evaluations Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | | |
| | | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urrina | | |
| | Sliding Fee Scale; | | g | | |
| Salvatore, Christine | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - Family; Adult Non-Residential Services Outpatient - Individual; Ad iervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | y-Co-occurring | | | |
| Other Services: | Sliding Fee Scale; | | | | |

| Name | Agency | Address | Phone | Fax |
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| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | 1 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Ad | | vices Outpatient - |
| Mental Health Services: | Pamily; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ (bio-psychosocial); Co-Occurring | urring Treatment | |
| | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co- | Occurring; Outpatient T | herapy - Individual- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Siemer, Kris | Siemer Counseling & Assessments LLC | 12020 Shamrock Plaza #200 Omaha NB 68154 | (402)500-0555 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; t - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Intervention/Education; Juvenile Non-Re dividual; Juvenile Non-Residential Services Outpatient - Co-Occur | urring Treatment; Juver esidential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treat | tment Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | 0 | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre- | Treatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evalua | ations | |
| Montal Health Sonvices | O de distribuir a la companya de la companya | (his psychosocial): Co Occurring | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Co-Occurring; Outpatient Therapy - | | | |
| | Assessment: Co-Occurring; Outpatient Therapy - | | | |
| Juvenile Services: | Assessment: Co-Occurring; Outpatient Therapy - | | (402)720-3992 | (402)753-6445 |
| Juvenile Services: Other Services: Sorensen, Rachel | Assessment: Co-Occurring; Outpatient Therapy - Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | Individual-Mental Health 2170 North Platte Ave Fremont NB 68025 aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential S uvenile Non-Residential Services Outpatient - Family; Juvenile Nor | Adult Non-Residential S Adult Non-Residential ervices Intervention/Ed | Services Outpatient - Services Outpatient ucation; Juvenile |
| Juvenile Services: Other Services: Sorensen, Rachel Substance Abuse Services: | Assessment: Co-Occurring; Outpatient Therapy - Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Asse | Individual-Mental Health 2170 North Platte Ave Fremont NB 68025 aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential S uvenile Non-Residential Services Outpatient - Family; Juvenile Nor | Adult Non-Residential S Adult Non-Residential ervices Intervention/Ed n-Residential Services (| Services Outpatient - Services Outpatient ucation; Juvenile Dutpatient - Individua |
| Juvenile Services: Other Services: Sorensen, Rachel Substance Abuse Services: Mental Health Services: | Assessment: Co-Occurring; Outpatient Therapy - Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Inte | Individual-Mental Health 2170 North Platte Ave Fremont NB 68025 aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential S ivenile Non-Residential Services Outpatient - Family; Juvenile Nor o-Occurring Treatment | Adult Non-Residential S Adult Non-Residential ervices Intervention/Ed n-Residential Services (tment Assessment (bio- Health; Outpatient The ensive Outpatient: Inten | Services Outpatient - Services Outpatient ucation; Juvenile Dutpatient - Individua psychosocial); Co- erapy - Eating sive Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juver ndividual; Juvenile Non-Residential Services Outpatient - Co-O | lual; Adult Non-Residential Services Substance Abuse hile Non-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Me aid); Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient The | rapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stein, Daniela | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)978-5604 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | voluctions: Adult Non Residential Services Outpetient Croups | Adult Non-Residential Ser | |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual | tance Abuse Evaluations; J | uvenile Non- |
| Mental Health Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni Outpatient Therapy; Pre-Treatment Assessment | ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E | tance Abuse Evaluations; J valuation; Psychological Ev | uvenile Non- valuation |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpatient | ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E ental Health; Outpatient Therapy including Family Sessions-Me ig; Intensive Outpatient: Intensive Outpatient Therapy-Youth W atus Exam (MSE); Assessment: Psychological Evaluation; Asse | tance Abuse Evaluations; J valuation; Psychological Ev ental Health; Outpatient The ho Sexually Harm; Assessr | uvenile Non- /aluation rapy - Youth Who nent: Pre-Treatment |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta | ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E ental Health; Outpatient Therapy including Family Sessions-Me ig; Intensive Outpatient: Intensive Outpatient Therapy-Youth W atus Exam (MSE); Assessment: Psychological Evaluation; Asse | tance Abuse Evaluations; J valuation; Psychological Ev ental Health; Outpatient The ho Sexually Harm; Assessr | uvenile Non- /aluation rapy - Youth Who nent: Pre-Treatment |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpatient | ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E ental Health; Outpatient Therapy including Family Sessions-Me ig; Intensive Outpatient: Intensive Outpatient Therapy-Youth W atus Exam (MSE); Assessment: Psychological Evaluation; Asse | tance Abuse Evaluations; J valuation; Psychological Ev ental Health; Outpatient The ho Sexually Harm; Assessr | uvenile Non- /aluation rapy - Youth Who nent: Pre-Treatment |
| Mental Health Services: Juvenile Services: Other Services: Stessman, Gary Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpati Sliding Fee Scale; Heartland Family Service Adult Assessment Services Substance Abuse Ev Individual; Juvenile Assessment Services Substa | ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E ental Health; Outpatient Therapy including Family Sessions-Me og; Intensive Outpatient: Intensive Outpatient Therapy-Youth W tus Exam (MSE); Assessment: Psychological Evaluation; Asse ient Therapy - Individual-Mental Health 2101 S 42nd St Omaha NB 68105 raluations; Adult Non-Residential Services Outpatient - Family; ince Abuse Evaluations; Juvenile Non-Residential Services Outpatient Services Outpatient - Family; | tance Abuse Evaluations; J ivaluation; Psychological Ev ental Health; Outpatient The ho Sexually Harm; Assessr essment: Juvenile Who Sex (402)552-7474 Adult Non-Residential Serv | uvenile Non- valuation rapy - Youth Who nent: Pre-Treatment ually Harm Risk (402)552-7444 rices Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Stessman, Gary Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpatient Sliding Fee Scale; Heartland Family Service Adult Assessment Services Substance Abuse Ev Individual; Juvenile Assessment Services Substa Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment | ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E ental Health; Outpatient Therapy including Family Sessions-Me ig; Intensive Outpatient: Intensive Outpatient Therapy-Youth W itus Exam (MSE); Assessment: Psychological Evaluation; Asse ient Therapy - Individual-Mental Health 2101 S 42nd St Omaha NB 68105 raluations; Adult Non-Residential Services Outpatient - Family; ince Abuse Evaluations; Juvenile Non-Residential Services Out (bio-psychosocial); Co-Occurring | tance Abuse Evaluations; J ivaluation; Psychological Ev ental Health; Outpatient The ho Sexually Harm; Assessr essment: Juvenile Who Sex (402)552-7474 Adult Non-Residential Serv tpatient - Family; Juvenile N | uvenile Non- valuation rapy - Youth Who nent: Pre-Treatment ually Harm Risk (402)552-7444 rices Outpatient - Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: Stessman, Gary Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin Assessment (Medicaid); Assessment: Mental Sta Assessment; Assessment: Co-Occurring; Outpatient Sliding Fee Scale; Heartland Family Service Adult Assessment Services Substance Abuse Ev Individual; Juvenile Assessment Services Substa Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Family Sessions-Me Outpatient Therapy - Individual-Mental Health | ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E ental Health; Outpatient Therapy including Family Sessions-Me og; Intensive Outpatient: Intensive Outpatient Therapy-Youth W tus Exam (MSE); Assessment: Psychological Evaluation; Asse ient Therapy - Individual-Mental Health 2101 S 42nd St Omaha NB 68105 raluations; Adult Non-Residential Services Outpatient - Family; ince Abuse Evaluations; Juvenile Non-Residential Services Outpatient Services Outpatient - Family; | tance Abuse Evaluations; J ivaluation; Psychological Ev ental Health; Outpatient The ho Sexually Harm; Assessr essment: Juvenile Who Sex (402)552-7474 Adult Non-Residential Serv tpatient - Family; Juvenile N | uvenile Non- valuation rapy - Youth Who nent: Pre-Treatment ually Harm Risk (402)552-7444 rices Outpatient - Jon-Residential |

| Name | Agency | Address | Phone | Fax |
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| Ticknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juver ntial Services Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Disorder; Outpatient Therapy - Co-occurring; Ass Occurring; Outpatient Therapy - Individual-Menta | ental Health; Outpatient Therapy including Family Sessions-Mental He sessment: Pre-Treatment Assessment (Medicaid); Assessment: Menta I Health | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Troia, Trisha | | 1406 Veterans Drive Elkhorn NB 68022 | (402)290-0543 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | raluations; Adult Non-Residential Services Outpatient - Individual; Juv rvices Outpatient - Individual | enile Assessment Se | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - Co-occurring; |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - Co-occurring; |
| | Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental He 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 | · | erapy - Co-occurring; (402)281-0665 |
| Other Services: Tvrdik, Gregory | Outpatient Therapy - Individual-Mental Health Adult Assessment Services Substance Abuse Ev | | (402)885-7932 Non-Residential Serv | (402)281-0665 vices Outpatient - |
| Other Services: Tvrdik, Gregory Substance Abuse Services: | Outpatient Therapy - Individual-Mental Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 raluations; Adult Non-Residential Services Outpatient - Family; Adult I | (402)885-7932 Non-Residential Serv sive Outpatient Treat | (402)281-0665 vices Outpatient - |
| Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Individual-Mental Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 raluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Adult Non-Residential Services Intens | (402)885-7932 Non-Residential Serv sive Outpatient Treat | (402)281-0665 vices Outpatient - |
| Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Individual-Mental Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 raluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Adult Non-Residential Services Intens nagement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurri | (402)885-7932 Non-Residential Serv sive Outpatient Treat | (402)281-0665 vices Outpatient - |
| Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Individual-Mental Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Co-occurring; Non-Treatment | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 raluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Adult Non-Residential Services Intens nagement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurri | (402)885-7932 Non-Residential Serv sive Outpatient Treat | (402)281-0665 vices Outpatient - |
| Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Voss, Stephanie R | Outpatient Therapy - Individual-Mental Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Co-occurring; Non-Treatmen Sliding Fee Scale; | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 raluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Adult Non-Residential Services Inten- nagement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurrin nt: Anger Management Class; Outpatient Therapy - Individual-Mental 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 raluations; Adult Non-Residential Services Outpatient - Co-Occurring | (402)885-7932 Non-Residential Serv sive Outpatient Treat ng Health (402)650-5250 | (402)281-0665 vices Outpatient - tment |
| Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Voss, Stephanie R | Outpatient Therapy - Individual-Mental Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Co-occurring; Non-Treatmen Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Substance Abuse Evaluations; Juvenile Non-Res | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 raluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Adult Non-Residential Services Inten- nagement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurri nt: Anger Management Class; Outpatient Therapy - Individual-Mental 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 | (402)885-7932 Non-Residential Serv sive Outpatient Treat ng Health (402)650-5250 | (402)281-0665 vices Outpatient - tment |
| Other Services: Tvrdik, Gregory Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Voss, Stephanie R Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Individual-Mental Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Co-occurring; Non-Treatmen Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Substance Abuse Evaluations; Juvenile Non-Res | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 raluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Adult Non-Residential Services Intens nagement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurrin nt: Anger Management Class; Outpatient Therapy - Individual-Mental 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 raluations; Adult Non-Residential Services Outpatient - Co-Occurring idential Services Outpatient - Co-Occurring Treatment | (402)885-7932 Non-Residential Serv sive Outpatient Treat ng Health (402)650-5250 | (402)281-0665 vices Outpatient - tment |

| Name | Agency | | Address | Phone | Fax |
|---------------------------|---|-----------------------------------|---|---------------------|---------------------|
| Williams, Ann | Ann's Couch | 8109 Fort Street | Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment | tient - Co-Occurring ⁻ | reatment; Juvenile Assessment Services Subs | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - | | | reatment Assessmer | nt (Medicaid); |
| Other Services: | | | | | |
| Zueter, Kimberly | | 5087 S 106th St | Omaha NB 68127 | (402)630-7560 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment | tient - Co-Occurring | reatment; Juvenile Assessment Services Subs | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Assessment: Mental Status Exam (MSE); Assess | | | reatment Assessmer | nt (Medicaid); |
| Other Services: | | | | | |

| Name | Agency | Address | Phone | Fax | | |
|---|--|--|---|---|--|--|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - roups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient o-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Dual Residential (MH/SA) | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| | Sliding Fee Scale; | | | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 | | |
| | Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment | sessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non- t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Serv ons; Juvenile Non-Residential Services Intervention/Education; Juver vices Outpatient - Groups; Juvenile Non-Residential Services Outpati sidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- | on-Residential Servi ng Treatment; Adult ices Short Term Res ile Non-Residential ent - Family; Juveni | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential | | |
| | Disorder; Outpatient Therapy - Co-occurring; Inte | (olo-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mental He ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens ent Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatme | ive Outpatient: Inter | nsive Outpatient | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | | |
| Bender, Jennifer | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential | Services Outpatient - ducation; Juvenile | | |
| | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy including Family Sessions-Me Treatment: Intensive Family Preservation; Outpat | ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tra | eatment Assessmer | nt (Medicaid); Non- | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Bender-Brummels, Jennifer | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Educatio int - Family; Adult Non-Residential Services Outpatient - Individu vices Intervention/Education; Juvenile Non-Residential Services lential Services Outpatient - Individual | al; Juvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Mental Health | ental Health; Outpatient Therapy - Eating Disorder; Assessment | : Co-Occurring; Outpatien | Therapy - Individual |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Manufal Handlik, Oran Sarah | Outpatient Thereny, Dre Treatment Assessment | (his neuropersciply, Adults whe Severally Harm Evoluction | | |
| Mental Health Services: | Outpatient merapy, Pre-meatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| | Outpatient Therapy including Group Sessions-Me Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Ir I: Pre-Treatment Assessment (Medicaid); Assessment: Mental S | | |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Ir I: Pre-Treatment Assessment (Medicaid); Assessment: Mental S | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Ir I: Pre-Treatment Assessment (Medicaid); Assessment: Mental S | | |
| Juvenile Services: Other Services: Brown, Nicholas | Outpatient Therapy including Group Sessions-Me Therapy-Youth Who Sexually Harm; Assessment Sexually Harm Risk Assessment; Outpatient The Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Ir t: Pre-Treatment Assessment (Medicaid); Assessment: Mental S rapy - Individual-Mental Health | (402)494-3337 r; Adult Non-Residential Sent - Family; Adult Non-Re | (402)494-3356 Gervices Care sidential Services |
| Juvenile Services: Other Services: Brown, Nicholas Substance Abuse Services: | Outpatient Therapy including Group Sessions-Me Therapy-Youth Who Sexually Harm; Assessment Sexually Harm Risk Assessment; Outpatient The Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | ental Health; Outpatient Therapy - Youth Who Sexually Harm; In t: Pre-Treatment Assessment (Medicaid); Assessment: Mental S rapy - Individual-Mental Health 917 W 21st St South Sioux City NB 69887 raluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential | (402)494-3337 r; Adult Non-Residential Sent - Family; Adult Non-Re | (402)494-3356 Gervices Care sidential Services |
| Juvenile Services: Other Services: Brown, Nicholas Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy including Group Sessions-Me Therapy-Youth Who Sexually Harm; Assessment Sexually Harm Risk Assessment; Outpatient The Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service | ental Health; Outpatient Therapy - Youth Who Sexually Harm; In t: Pre-Treatment Assessment (Medicaid); Assessment: Mental S rapy - Individual-Mental Health 917 W 21st St South Sioux City NB 69887 raluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential | (402)494-3337 r; Adult Non-Residential Sent - Family; Adult Non-Re | (402)494-3356 Gervices Care sidential Services |
| Juvenile Services: Other Services: Brown, Nicholas Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy including Group Sessions-Me Therapy-Youth Who Sexually Harm; Assessment Sexually Harm Risk Assessment; Outpatient The Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment | ental Health; Outpatient Therapy - Youth Who Sexually Harm; In t: Pre-Treatment Assessment (Medicaid); Assessment: Mental S rapy - Individual-Mental Health 917 W 21st St South Sioux City NB 69887 raluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential | (402)494-3337 r; Adult Non-Residential Sent - Family; Adult Non-Re | (402)494-3356 Gervices Care sidential Services |
| Juvenile Services: Other Services: Brown, Nicholas Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy including Group Sessions-Me Therapy-Youth Who Sexually Harm; Assessment Sexually Harm Risk Assessment; Outpatient The Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Bilingual Services; | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Ir t: Pre-Treatment Assessment (Medicaid); Assessment: Mental S rapy - Individual-Mental Health 917 W 21st St South Sioux City NB 69887 raluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential (bio-psychosocial); Co-Occurring | (402)494-3337 (402)494-3337 n; Adult Non-Residential S ent - Family; Adult Non-Re tial Services Intensive Out | (402)494-3356 (402)494-3356 Services Care sidential Services patient Treatment |
| Juvenile Services: Other Services: Brown, Nicholas Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Cattau, Jeanne Substance Abuse Services: | Outpatient Therapy including Group Sessions-Me Therapy-Youth Who Sexually Harm; Assessment Sexually Harm Risk Assessment; Outpatient The Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Bilingual Services; | Antal Health; Outpatient Therapy - Youth Who Sexually Harm; In t: Pre-Treatment Assessment (Medicaid); Assessment: Mental S rapy - Individual-Mental Health 917 W 21st St South Sioux City NB 69887 raluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential (bio-psychosocial); Co-Occurring 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)494-3337 (402)494-3337 n; Adult Non-Residential S ent - Family; Adult Non-Re tial Services Intensive Out | (402)494-3356 (402)494-3356 Services Care sidential Services patient Treatment |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|---|
| Clyde, Gina | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | 1 13 | lental Health; Non-Treatment: Intensive Family Preservation; Ou | tpatient Therapy - Individ | ual-Mental Health |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Community Treatment Aide; Non-Treatment: Far | nily Support Worker | | |
| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| | Assessment: Mental Status Exam (MSE); Contra | (bio-psychosocial); Co-Occurring lental Health; Outpatient Therapy - Eating Disorder; Assessment acted Services: Tracker; Non-Treatment: Family Support Worker tment: Day Reporting; Non-Treatment: Anger Management Clas | ; Non-Treatment: Intensiv | e Family Preservation |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Glesinger, Kayla | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juveni | ssessment Services Substance Abuse Evaluations; Adult Non-R ups; Adult Non-Residential Services Outpatient - Family; Adult N Occurring Treatment; Adult Non-Residential Services Intensive O ervices Substance Abuse Evaluations; Juvenile Non-Residential ile Non-Residential Services Outpatient - Family; Juvenile Non-R Co-Occurring Treatment; Juvenile Non-Residential Services Inter | Ion-Residential Services (Dutpatient Treatment; Adu Services Intervention/Edu Residential Services Outpa | Dutpatient - Individual It Residential Service Ication; Juvenile Non- atient - Individual; |
| | | (bio-psychosocial); Co-Occurring ental Health; Outpatient Therapy including Family Sessions-Mer by-Co-occurring; Assessment: Co-Occurring; Outpatient Therapy | | erapy - Co-occurring; |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| | Mental Health | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential So Juvenile Assessment Services Substance Abus Care Monitoring SA/MH; Juvenile Non-Resident | valuations; Adult Non-Residential Services Intervention/Edu ces Outpatient - Groups; Adult Non-Residential Services Ou ervices Outpatient - Co-Occurring Treatment; Adult Non-Resi e Evaluations; Juvenile Non-Residential Services Intervention tial Services Outpatient - Groups; Juvenile Non-Residential renile Non-Residential Services Outpatient - Co-Occurring T | Itpatient - Family; Adult Non-Resi sidential Services Intensive Outpa on/Education; Juvenile Non-Resid Services Outpatient - Family; Juv | dential Services atient Treatment; dential Services enile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment As | sessment (PTA); Pre-Treatment Assessment (bio-psychoso | cial); Co-Occurring | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Thera | fental Health; Outpatient Therapy including Family Sessions py-Mental Health; Day Treatment Day Treatment-Mental He t Class; Non-Treatment: General Education Class; Outpatie | ealth; Assessment: Pre-Treatmen | t Assessment |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpati Outpatient Treatment; Adult Residential Service | | dividual; Adult Non-Residential Substance Abuse Evaluations; Juv | ervices Intensive enile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M | Iental Health; Outpatient Therapy including Family Sessions apy-Co-occurring; Assessment: Pre-Treatment Assessment | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | | Adults who Sexually Harm Evaluation; Psychological Evaluation | ation | |
| | | ; Assessment: Mental Status Exam (MSE); Assessment: Ps | | ent: Juvenile Who |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psy | chological Evaluation | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disc | ental Health; Outpatient Therapy including Family Sessions-Mental order; Assessment: Pre-Treatment Assessment (Medicaid); Assessm nent: Juvenile Who Sexually Harm Risk Assessment; Outpatient The | nent: Mental Status Ex | (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Ion-Residential Services Partial Care; Adult Residential Services Du I Services Short Term Residential | rring Treatment; Adult | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential ices Substance Abus lon-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental l by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy ring; Non-Treatment: Intensive Family Preservation; Non-Treatment: ndividual-Mental Health | /-Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessmen | ental Health; Outpatient Therapy including Family Sessions-Mental ensive Outpatient: Intensive Outpatient Therapy-Mental Health; Inter t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Statu gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy | nsive Outpatient: Inter us Exam (MSE); Out-0 | sive Outpatient Of-Home: Foster Care |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | 1 | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Disorder; Community Treatment Aide; Intensive Disorder; Intensive Outpatient: Intensive Outpatie Exam (MSE); Contracted Services: Tracker; Con (Except Douglas County); Non-Treatment: Intensive | ental Health; Outpatient Therapy including Family Sessions-Mental H Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Ou ent Therapy-Co-occurring; Assessment: Pre-Treatment Assessment Intracted Services: Electronic Monitoring; Non-Treatment: Family Supp sive Family Preservation; Non-Treatment: Supervised Visitation; Non- Anger Management Class; Non-Treatment: General Education Class; | utpatient: Intensive O (Medicaid); Assessm port Worker; Non-Tre Treatment: Day Rep | outpatient- Eating nent: Mental Status eatment: Tracker porting; Non- |
| Other Services: | Bilingual Services; | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | Adult Non-Residential Services Intervention/Edu Adult Non-Residential Services Outpatient - Indiv Halfway-House | cation; Adult Non-Residential Services Outpatient - Groups; Adult No vidual; Adult Non-Residential Services Outpatient - Co-Occurring Treation | n-Residential Service atment; Adult Reside | es Outpatient - Family ential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Peters, Martinique | Heartland Counseling Services, Inc. | 917 W 21st St South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ac ant - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ac Treatment; Adult Non-Residential Services Inten Substance Abuse Evaluations; Juvenile Non-Res | ssessment Services Substance Abuse Evaluations; Adult Non-Resided dult Non-Residential Services Outpatient - Individual; Adult Non-Reside sive Outpatient Treatment; Adult Residential Services Short Term Re sidential Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; | dential Services Outp sidential; Juvenile A vices Outpatient - Fa | batient - Co-Occurring ssessment Services mily; Juvenile Non- |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) nent: Co-Occurring; Outpatient Therapy - Individual-Mental Health | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psychol | ogical Evaluation | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Eating Disorder; Outpatient The Mental Status Exam (MSE); Assessment: Psychological Evaluatio J-Mental Health | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur (hio-psychosocial) | ; Adult Non-Residentia rvices Substance Abus Non-Residential Servic | l Services Outpatient e Evaluations; Juveni ces Outpatient - Famil |
| | Outpatient Therapy including Group Sessions-Me | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Outpatient Therapy - Individual-Mental Health | l Health; Outpatient Th | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Ad ive Outpatient Treatment; Juvenile Assessment Services Substand le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu | ce Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental Ing; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Itus Exam (MSE); Assessment: Psychological Evaluation; Assess ient Therapy - Individual-Mental Health | Sexually Harm; Assess | ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Ac | lults who Sexually Har | m Evaluation |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental aid); Outpatient Therapy - Individual-Mental Health | I Health; Community T | reatment Aide; |
| Other Services: | Sliding Fee Scale; | | | |

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| Name | Agency | Address | Phone | Fax |
| Swantek, Mallory | Good Life Counseling & Support | 2420 15th St Columbus NB 68601 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp | venile Assessment | Services Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| | | ental Health; Outpatient Therapy including Family Sessions-Mental He by-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); | | |
| | | | | (100) 500 0700 |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co- | amily; Adult Non-Re rvices Substance Ab renile Non-Residenti | esidential Services ouse Evaluations; al Services Outpatient |
| | Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | , | , |
| | Assessment: Pre-Treatment Assessment (Medica Education Class; Outpatient Therapy - Individual | ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Co-Occurring; Non-Treatment: Anger Management Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
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| Wattier, Mary Rose | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educatio | Evaluations; Adult Non-Residential Services Intervention/Educa ient - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessmen n; Juvenile Non-Residential Services Outpatient - Groups; Juve Individual; Juvenile Non-Residential Services Outpatient - Co- | vidual; Adult Non-Residential nt Services Substance Abuse enile Non-Residential Service | Services Outpatient Evaluations; Juven s Outpatient - Fami |
| Mental Health Services: | · · · · · · · · · · · · · · · · · · · | sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- | -Treatment Assessment (bio- | psychosocial); Co- |
| | Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive O occurring; Assessment: Co-Occurring; Outpatie | utpatient: Intensive Outpatient Therapy-Mental Health; Intensiv | e Outpatient: Intensive Outpa | atient Therapy-Co- |
| Other Services: | occurring, Assessment. Co-Occurring, Outpatie | ni merapy - mulvidual-mental nealth | | |
| | | | | |
| Wingate, Heather | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Wright, Chad | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment As psychosocial); Adults who Sexually Harm Evalu | sessment (PTA); Juvenile Youth Who Sexually Harm Evaluation | on (YWSH); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-I Outpatient: Intensive Outpatient Therapy-Youth | Mental Health; Outpatient Therapy - Youth Who Sexually Harm Who Sexually Harm; Assessment: Pre-Treatment Assessmen ive Family Preservation; Outpatient Therapy - Individual-Menta | t (Medicaid); Assessment: Ju | |
| Other Services | Sliding Eee Scale: Hearing Impaired: | wer anny i reservation, Outpatient merapy - multidual-mente | | |

Other Services: Sliding Fee Scale; Hearing Impaired;

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|---------------------------|---|--|---|--------------------------------------|
| Name | Agency | Address | Phone | Fax |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | sment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Adults who Sexually Harm E | | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess | ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer Mediation; Outpatient Therapy - Individual-Mental Health | th; Intensive Outpatient: Pre-Treatment A | ent: Intensive ssessment (Medicai |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| McNichols, Stephanie | | 422 N Hastings Ave, Suite 206 Hastings NB 68901 | (402)440-6496 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Individual-Mental Health | ental Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services. | Sliding Fee Scale; | | | |
| Patitz, Beverly | New Dimensions Counseling | 223 East 14th, Suite 220 Hastings NB 68901 | (402)519-0159 | (402)463-9169 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Mental Status Exam (MSE); Assessment: Co-Occurring; Non-Treatn rany - Individual-Mental Health | py - Co-occurring; As nent: Intensive Famil | ssessment: Pre- y Preservation; Non- |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | Abuse Evaluations; | Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mental H g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Se tus Exam (MSE); Assessment: Psychological Evaluation; Assessme | xually Harm; Assess | |

| Name | Agency | Address | Phone | Fax |
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| | • | ssessment: Co-Occurring; Outpatient Therapy - Individual-Mental He | ealth | |
| Other Services: | Sliding Fee Scale; | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser I; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N tient - Individual | dult Non-Residential vices Intervention/Ec | Services Outpatient - ducation; Juvenile |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | occurring | |
| Juvenile Services: Other Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Individual-Mental Health | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juver | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (I | oio-psychosocial) | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid); As SE); Assessment: Medication Management; Outpatient Therapy - Inc | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | dult Non-Residential vices Intervention/Ec | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Assessment: Co-Occurring; Outpatient Therapy - | ntal Health; Outpatient Therapy including Family Sessions-Mental H Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co Outpatient Therapy; Co-Occurring | ntal Health; Outpatient Therapy including Family Sessions-Mental H | dult Non-Residential vices Intervention/Ec esidential Services | Services Outpatient - ducation; Juvenile Outpatient - Individual; |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name Agency | Address | Phone | Fax |
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Other Services:

| Name | Agency | Address | Phone | Fax |
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| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- ing; Non-Treatment: Intensive Family Preservation; Non-Treatment: A ndividual-Mental Health | Co-occurring; Asses | sment: Pre-Treatment |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Meyer, Jacquelyn | Building Blocks | 118 N. 5th Street O'Neill NB 68763 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Disorder; Outpatient Therapy - Co-occurring; Inte Therapy-Youth Who Sexually Harm; Assessment | ental Health; Outpatient Therapy including Family Sessions-Mental He nsive Outpatient: Intensive Outpatient Therapy-Mental Health; Intens : Pre-Treatment Assessment (Medicaid); Assessment: Mental Status gency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - | ive Outpatient: Inten Exam (MSE); Out-C | sive Outpatient Df-Home: Foster Care |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | Assessment: Pre-Treatment Assessment (Medica | ntal Health; Outpatient Therapy including Family Sessions-Mental He aid); Outpatient Therapy - Individual-Mental Health | ealth; Outpatient The | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance / e Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | Abuse Evaluations; | luvenile Non- |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurring | ntal Health; Outpatient Therapy including Family Sessions-Mental He g; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Ses tus Exam (MSE); Assessment: Psychological Evaluation; Assessmer | ealth; Outpatient The cually Harm; Assess | erapy - Youth Who ment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| | | ment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He essment: Pre-Treatment Assessment (Medicaid); Assessment: Co-O ual-Mental Health | | |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| | Name | Agency | Address | Phone | Fax |
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Other Services: Sliding Fee Scale;

| Name | Agency | | Address | Phone | Fax | |
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| Arnett Nickolaus, Theresa | SOZO Family Services | 616 13th St Suite | e 110 Aurora NB 68818 | (402)631-7267 | (402)694-4199 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | | | | Services Outpatient - | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | |
| Juvenile Services: | | Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Mental Status Exam (MSE); Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. | Geneva NB 68361 | (402)879-5959 | (402)759-3803 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | ' | | ult Non-Residential S | Services Outpatient - | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | | | |
| | Outpatient Therapy including Group Sessions-Me Disorder; Outpatient Therapy - Co-occurring; Ass Management Class; Non-Treatment: General Edu Sliding Fee Scale; | essment: Pre-Treatr | nent Assessment (Medicaid); Assessment: Co-O | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd | Grand Island NB 68803 | (308)382-5297 | (0.0.0) 0.00 50 4 5 | |
| | rindiana a secondaria de la contra de la c | 2000 Olalali IXa. | | (300)302-5297 | (308)382-5315 | |
| | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non | -Residential Services Intervention/Education; Ad | ult Non-Residential \$ | Services Outpatient - | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non nt - Family; Adult No | -Residential Services Intervention/Education; Ad n-Residential Services Outpatient - Individual; Ad | ult Non-Residential \$ | Services Outpatient - | |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non nt - Family; Adult No (bio-psychosocial); (ental Health; Outpati | -Residential Services Intervention/Education; Ad n-Residential Services Outpatient - Individual; Ad Co-Occurring ent Therapy including Family Sessions-Mental Ho | ult Non-Residential S dult Non-Residential ealth; Outpatient The | Services Outpatient - Services Outpatient | |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | aluations; Adult Non nt - Family; Adult No (bio-psychosocial); (ental Health; Outpati | -Residential Services Intervention/Education; Ad n-Residential Services Outpatient - Individual; Ad Co-Occurring ent Therapy including Family Sessions-Mental Ho | ult Non-Residential S dult Non-Residential ealth; Outpatient The | Services Outpatient - Services Outpatient | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me | aluations; Adult Non nt - Family; Adult No (bio-psychosocial); (ental Health; Outpati aid); Assessment: Co | -Residential Services Intervention/Education; Ad n-Residential Services Outpatient - Individual; Ad Co-Occurring ent Therapy including Family Sessions-Mental Ho | ult Non-Residential S dult Non-Residential ealth; Outpatient The | Services Outpatient - Services Outpatient | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Carlson, Jack Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy including Group Sessions-Me Assessment: Pre-Treatment Assessment (Medica | aluations; Adult Non nt - Family; Adult No (bio-psychosocial); (ental Health; Outpati aid); Assessment: Co 459 South 6th S aluations; Adult Non nt - Family; Adult No Services Intensive O | -Residential Services Intervention/Education; Ad n-Residential Services Outpatient - Individual; Ad Co-Occurring ent Therapy including Family Sessions-Mental He p-Occurring; Outpatient Therapy - Individual-Men t Suite 1 Seward NB 68434 -Residential Services Intervention/Education; Ad n-Residential Services Outpatient - Individual; Ad utpatient Treatment | ult Non-Residential S dult Non-Residential ealth; Outpatient The tal Health (402)643-3343 ult Non-Residential S | Services Outpatient - Services Outpatient erapy - Co-occurring; (402)643-4048 Services Outpatient - | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Cornelius, Dawn | Community Outreach Services | 7608 S 25th Street Bellevue NB 68147 | (402)813-1147 | (402)933-7786 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 13 | | | |
| | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 421 So. 9th Street Suite 205 Lincoln NB 68508 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dunham, Sarah | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (402)474-0011 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adu int - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- individual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial): Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| | | ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: | Intensive Outpatien | t Therany-Mental |
| | | ent: Intensive Family Preservation; Outpatient Therapy - Individual-Me | | i morapy moritar |
| Other Services: | | | | |
| Harris, JennaLee | OZ-Some Possibilities Counseling | 6150 Highway 136 STE 1 Hebron NB 68370 | (402)853-3929 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adu int - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy including Family Sessions-Mental He Treatment: General Education Class; Outpatient Therapy - Individual- | | rapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---------------------|
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychol | ogical Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenii Intervention/Education; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Oc le Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Service esidential Services Outpatient - Co-Occurring Treatment; Juvenile | ccurring Treatment; Adult Non-Residential Services so Outpatient - Family; Juv | Non-Residential |
| | | | | - · |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | ental Health; Outpatient Therapy including Family Sessions-Men by-Mental Health; Intensive Outpatient: Intensive Outpatient Ther atus Exam (MSE); Assessment: Co-Occurring; Outpatient Therap | rapy-Co-occurring; Asses | sment: Pre-Treatmer |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kenning, Tamara | Turning Point Behavioral Health & Addiction Counseling PC | 122 S 4th St Seward NB 68434 | (402)641-2095 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenii Intervention/Education; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Ou le Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Family; Juvenile Non-Residential Services Freatment; Juvenile Non-Residential Services Intensive Outpatier | ccurring Treatment; Adult Non-Residential Services s Outpatient - Individual; J | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring; Adults who Sexually Harm Evaluation | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | eatment Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | lental Health; Outpatient Therapy - Co-occurring; Intensive Outpa t Therapy-Co-occurring; Assessment: Pre-Treatment Assessmer | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpaties | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D enile Assessment Services Substance Abuse Evaluations; Juvenile N tient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider (hig-psychosocial); Co-Occurring | dult Non-Residential ual Residential (MH lon-Residential Serv r; Juvenile Non-Resi | Services Outpatient - /SA); Adult rices Care Monitoring dential Services |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatien | | ng Treatment; Adult | Non-Residential |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation | | |
| Juvenile Services: | Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir Assessment: Mental Status Exam (MSE); Assess | ntal Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment; Non-Treatmer Mediation; Outpatient Therapy - Individual-Mental Health | h; Intensive Outpation nt: Pre-Treatment A | ent: Intensive ssessment (Medicaid) |
| Other Services: | | | | |
| Lott, Patricia | Turning Point Behavioral Health & Addiction Counseling PC | 122 S 4th St Seward NB 68434 | (402)506-9322 | (402)441-8491 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu as Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | | Intal Health; Outpatient Therapy including Family Sessions-Mental He | ealth; Outpatient The | erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | • |
| Michels, Stacey | Lemke Michels Psychotherapy - Stacey Michels PC | 942 N 13th St Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| | Individual; Adult Non-Residential Services Outpa Assessment Services Substance Abuse Evaluat Family; Juvenile Non-Residential Services Outpa Residential Services Intensive Outpatient Treatm | | Intensive Outpatient Trea Juvenile Non-Residential | tment; Juvenile Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Intensive Outpatient Therapy-Mental Health; Inte | Mental Health; Outpatient Therapy - Eating Disorder; Outpatient T ensive Outpatient: Intensive Outpatient- Eating Disorder; Intensiv nent (Medicaid); Assessment: Outpatient Psychiatric Evaluation; / nt Therapy - Individual-Mental Health | e Outpatient: Intensive Ou | utpatient Therapy-Co |
| | Shung ree Scale, | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| | | | | |
| Juvenile Services: | | Iental Health; Outpatient Therapy - Eating Disorder; Assessment Freatment: Anger Management Class; Outpatient Therapy - Indiv | | ent (Medicaid); Non- |
| Juvenile Services: Other Services: | | | | ent (Medicaid); Non- |
| Other Services: | | | | ent (Medicaid); Non- (402)488-0017 |
| Other Services: | Treatment: Intensive Family Preservation; Non-T Counseling Affiliates of Nebraska | Freatment: Anger Management Class; Outpatient Therapy - Indiv | idual-Mental Health | |
| Other Services: Paine, Mary Substance Abuse Services: | Treatment: Intensive Family Preservation; Non-T Counseling Affiliates of Nebraska | Freatment: Anger Management Class; Outpatient Therapy - Indiv | idual-Mental Health (402)488-0077 | (402)488-0017 |
| Other Services: Paine, Mary Substance Abuse Services: | Treatment: Intensive Family Preservation; Non-T Counseling Affiliates of Nebraska EPC Crisis Center; Outpatient Therapy; Pre-Trea | Freatment: Anger Management Class; Outpatient Therapy - Indiv 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | idual-Mental Health (402)488-0077 | (402)488-0017 |
| Other Services: Paine, Mary Substance Abuse Services: Mental Health Services: Juvenile Services: | Treatment: Intensive Family Preservation; Non-T Counseling Affiliates of Nebraska EPC Crisis Center; Outpatient Therapy; Pre-Trea | Freatment: Anger Management Class; Outpatient Therapy - Indiv 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | idual-Mental Health (402)488-0077 | (402)488-0017 |
| Other Services: Paine, Mary Substance Abuse Services: Mental Health Services: Juvenile Services: | Treatment: Intensive Family Preservation; Non-T Counseling Affiliates of Nebraska EPC Crisis Center; Outpatient Therapy; Pre-Trea | Freatment: Anger Management Class; Outpatient Therapy - Indiv 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | idual-Mental Health (402)488-0077 | (402)488-0017 |
| Other Services: Paine, Mary Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rivera, Elia Substance Abuse Services: | Treatment: Intensive Family Preservation; Non-T Counseling Affiliates of Nebraska EPC Crisis Center; Outpatient Therapy; Pre-Trea Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - Groups; J | Treatment: Anger Management Class; Outpatient Therapy - Indiv 1550 S. 70th St., Ste. 101 Lincoln NB 68506 atment Assessment (bio-psychosocial); Adults who Sexually Harr 312 North Elm Street Grand Island NB 68801 valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residential luvenile Non-Residential Services Outpatient - Family; Juvenile No-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile No-Residential Services Outpatient - Family; Juvenile No-Residentient - | idual-Mental Health (402)488-0077 m Evaluation; Psychologic (308)383-2208 n; Adult Non-Residential S Jal; Adult Non-Residential S | (402)488-0017 cal Evaluation Services Outpatient Services Outpatient lucation; Juvenile |
| Other Services: Paine, Mary Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rivera, Elia Substance Abuse Services: Mental Health Services: | Treatment: Intensive Family Preservation; Non-T Counseling Affiliates of Nebraska EPC Crisis Center; Outpatient Therapy; Pre-Trea Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - G Pre-Treatment Assessment (bio-psychosocial); G | Treatment: Anger Management Class; Outpatient Therapy - Indiv 1550 S. 70th St., Ste. 101 Lincoln NB 68506 atment Assessment (bio-psychosocial); Adults who Sexually Harr 312 North Elm Street Grand Island NB 68801 valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residential luvenile Non-Residential Services Outpatient - Family; Juvenile No Co-Occurring Treatment Co-Occurring | idual-Mental Health (402)488-0077 m Evaluation; Psychologic (308)383-2208 n; Adult Non-Residential S Jal; Adult Non-Residential S Jal; Adult Non-Residential Services Intervention/Ed Jon-Residential Services (| (402)488-0017 cal Evaluation Services Outpatient - Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Other Services: Paine, Mary Substance Abuse Services: Mental Health Services: Other Services: Rivera, Elia Substance Abuse Services: Mental Health Services: Juvenile Services: | Treatment: Intensive Family Preservation; Non-T Counseling Affiliates of Nebraska EPC Crisis Center; Outpatient Therapy; Pre-Trea Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - G Pre-Treatment Assessment (bio-psychosocial); G | Treatment: Anger Management Class; Outpatient Therapy - Indiv 1550 S. 70th St., Ste. 101 Lincoln NB 68506 atment Assessment (bio-psychosocial); Adults who Sexually Harr 312 North Elm Street Grand Island NB 68801 valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residential luvenile Non-Residential Services Outpatient - Family; Juvenile No-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile No-Residential Services Outpatient - Family; Juvenile No-Residentient - | idual-Mental Health (402)488-0077 m Evaluation; Psychologic (308)383-2208 n; Adult Non-Residential S Jal; Adult Non-Residential S Jal; Adult Non-Residential Services Intervention/Ed Jon-Residential Services (| (402)488-0017 cal Evaluation Services Outpatient - Services Outpatient lucation; Juvenile Dutpatient - Individua |

Selected Services: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juveni adividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residentia Services Substance Abus le Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medica | ental Health; Outpatient Therapy including Family Sessions-Mer aid); Outpatient Therapy - Individual-Mental Health | ntal Health; Outpatient Th | erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; ive Outpatient Treatment; Juvenile Assessment Services Substa le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Ev | ance Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Co-occurrin | ental Health; Outpatient Therapy including Family Sessions-Mer ig; Intensive Outpatient: Intensive Outpatient Therapy-Youth Wh itus Exam (MSE); Assessment: Psychological Evaluation; Asses | ntal Health; Outpatient Theorem Sexually Harm; Assess | erapy - Youth Who ment: Pre-Treatment |
| | - | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| | Adult Residential Services Dual Residential (MH/ | SA) | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occu | irring Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessm | ent (bio-psychosocial) | |
| Juvenile Services: | | ental Health; Assessment: Pre-Treatment Assessment (Medicai SE); Assessment: Medication Management; Outpatient Therapy | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax | | |
|-------------|---|---|------------------------|---------------------|--|--|
| White, Lisa | Rivera Counseling LLC | 312 N Elm Street #112 Grand Island NB 68801 | (308)383-1622 | | | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | | |
| | Outpatient Therapy including Group Sessions-Me Assessment: Co-Occurring; Outpatient Therapy - Sliding Fee Scale; | ntal Health; Outpatient Therapy including Family Sessions-Mental He Individual-Mental Health | alth; Outpatient Thera | apy - Co-occurring; | | |