| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | urring Treatment | rvices Outpatient - |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pr sment: Juvenile Who Sexually Harm Risk Assessment; Assessmen | e-Treatment Assessm | |
| 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/Education; <i>I</i> nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | Services Outpatient - |
| | Outpatient Therapy; Co-Occurring | | | |
| | Outpatient: Intensive Outpatient Therapy-Mental I | utpatient Therapy including Family Sessions-Mental Health; Outpat Health; Assessment: Mental Status Exam (MSE) | ient Therapy - Eating I | Disorder; Intensive |
| 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 Outpatien Outpatient Treatment; Juvenile Assessment Servi | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; rices Substance Abuse Evaluations; Juvenile Non-Residential Serv le Non-Residential Services Outpatient - Family; Juvenile Non-Res patient Treatment | Adult Non-Residential ices Intervention/Educ | 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 |
| 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; / nt - 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-Occur | Adult Non-Residential vices Substance Abuse Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | | | ing freathent, saven | le Non-Residential |
| Mental Health Services: | Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (| | | ie Non-Residential |
| | Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou | | ent Therapy including | |

| 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; 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: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | J | | |
| 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 Evaluation | ons | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Buller, Daniel | Crossroads Center | 702 W 14th St Hastings NB 68901 | (307)921-8657 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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: | | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| 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 |
|---------------------------|--|--|--|---|
| Chavez, Sara | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | (402)463-5686 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | valuations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Non-Residential Services Outpatient - Individual; Juvenile Non-R | urring Treatment; Adul | t Non-Residential |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Pre-Treat | tment Assessment (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Coburn, Kelly | Horizon Recovery & Counseling Center | 835 South Burlington Suite 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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 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 co-Occurring Treatment; Juvenile Non-Residential Services Intensi | ; Adult Non-Residential rvices Substance Abus Non-Residential Servic | Services Outpatien e Evaluations; Juver es Outpatient - Fam |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Juvenile psychosocial); Co-Occurring | Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluati | ion (C/O); Pre-Treatme | nt Assessment (bio- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ent Assessment (Medicaid); Assessment: Mental Status Exam (MS | h; Intensive Outpatient | Intensive Outpatien |
| 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: | | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (Y | WSH); Pre-Treatment A | Assessment (bio- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpa Sexually Harm; Assessment: Pre-Treatment Assessment (Medicai ISE); Assessment: Psychological Evaluation; Assessment: Juvenik | d); Assessment: Outpa | tient Psychiatric |
| Other Services: | | | | |

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: Mental Health Services: Juvenile Services: Other Services: | Outpatient Treatment; Juvenile Assessment Serv Residential Services Intensive Outpatient Treatm | aluations; Adult Non-Residential Services Outpatient - Individual; Ad ices Substance Abuse Evaluations; Juvenile Non-Residential Servic ent | | |
| 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; Adult 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 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; 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-Occurring | ring Treatment; Juve idential Services Out | nile Assessment |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Activity (1997) | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua utpatient Therapy including Family Sessions-Mental Health; Outpatie Pre-Treatment Assessment (Medicaid); Assessment: Mental Status co-Occurring | ent Therapy - Youth V | |
| Ernst, Michelle | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)463-1467 | (402)461-7013 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Frances, Sonya | Compassionate Healing Counseling Services Inc | 1811 W 2nd St Suite 420 Grand Island NB 68803 | (308)384-4617 | (844)270-3023 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Assessn | nent: Pre-Treatment | Assessment |

| Name | Agency | Address | Phone | Fax |
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| 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 Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Outpatient - Family; Juvenile Non-Residential Services reatment | ng Treatment; Juve | nile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Co-Occurring | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Hock, Sarah | South Central Behavioral Services | PO Box 1716 Kearney NB 68848 | (308)237-5951 | (308)237-5953 |
| | Services Intensive Outpatient Treatment; Juvenile | It - 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 | Residential Services | Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring | |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | |
| 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 | 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 Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | 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 Treatme | ng Treatment; Juvential Services Outpa | nile Assessment tient - Family; Juvenil |
| Mental Health Services: Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occi | urring; 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

| Hruska, Michael Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Individual; Adult Non-Residential Services Outpati Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Pre-Treatment Assessment (| tpatient Therapy including Family Sessions-Mental Health; Outpatie | ance Abuse Evaluation idential Services Out | ons; Juvenile Non- patient - Co-Occurrir |
|--|--|--|---|--|
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Keezer, Chad | Individual; Adult Non-Residential Services Outpati Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Pre-Treatment Assessment (I Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessme Sliding Fee Scale; Mid-Plains Center for Behavioral | aluations; Adult Non-Residential Services Outpatient - Family; Adult ient - Co-Occurring Treatment; Juvenile Assessment Services Subst Non-Residential Services Outpatient - Individual; Juvenile Non-Res bio-psychosocial); Co-Occurring itpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | Non-Residential Serv ance Abuse Evaluation idential Services Outp | ices Outpatient - ons; Juvenile Non- patient - Co-Occurrir |
| Mental Health Services: Juvenile Services: Other Services: Keezer, Chad | Individual; Adult Non-Residential Services Outpati Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Pre-Treatment Assessment (I Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessme Sliding Fee Scale; Mid-Plains Center for Behavioral | ient - Co-Occurring Treatment; Juvenile Assessment Services Subst Non-Residential Services Outpatient - Individual; Juvenile Non-Res bio-psychosocial); Co-Occurring Itpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | ance Abuse Evaluation idential Services Out | ons; Juvenile Non- patient - Co-Occurrir |
| Juvenile Services: Other Services: Keezer, Chad | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessme Sliding Fee Scale; Mid-Plains Center for Behavioral | tpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occu | rring; Assessment: |
| Other Services: Keezer, Chad | Pre-Treatment Assessment (Medicaid); Assessme Sliding Fee Scale; Mid-Plains Center for Behavioral | ent: Co-Occurring | nt Therapy - Co-occu | rring; Assessment: |
| Keezer, Chad | Mid-Plains Center for Behavioral | 914 Baumann Dr. Grand Island NB 68803 | | |
| | | 914 Baumann Dr. Grand Island NB 68803 | | |
| Substance Abuse Convision | | | (308)385-5250 | |
| Substance Abuse Services. | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kelly, Mike | South Central Behavioral Services | 616 W 5th St Hastings, NB 68901 | (402)326-7329 | |
| | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); Co | | 5 | |
| 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 Ex | valuation | | |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; In | Freatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ntal Health; Outpatient Therapy including Family Sessions-Mental H der; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal tensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The th; Intensive Outpatie | rapy - Youth Who ent: Intensive |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| LaBouchardiere, Angela | Western Alternative Corrections Inc | 101 South Hastings Hastings NB 68901 | (402)462-2001 | (402)462-2647 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | |
| 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; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Ac int - 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 (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | dult Non-Residential vices Intervention/Ec Residential Services | Services Outpatient ducation; Juvenile Outpatient - Individual |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre- sment: Psychological Evaluation; Assessment: Juvenile Who Sexuall | nt Therapy including Treatment Assessm | Family Sessions- ent (Medicaid); |
| Other Services: | Co-Occurring | | | |
| McMaster, Brianna | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| 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 ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | ring Treatment; Adul -Residential Service: | t Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| McNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (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; Ac int - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial): Co-Occurring | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatient | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|--|
| Miller, Martin K | | 225 N. St. Joseph Ave. Hastings NB 68901 | (402)463-5075 | (402)463-5073 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Ec nt - Family; Adult Non-Residential Services Outpatient - I | | |
| Mental Health Services: | Crisis Stabilization; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| 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: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Gr t - Individual; Adult Non-Residential Services Outpatient esidential Services Dual Residential (MH/SA); Adult Resi | Co-Occurring Treatment; Adult | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | nt Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Mucklow, Greg | Greg Mucklow | 2217 West 12th Street suite 4 Hastings NB 6890 | 1 (308)238-1428 | (402)939-0956 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | ndividual; Adult Non-Residential idential Services Intervention/Ec enile Non-Residential Services (| Services Outpatient - lucation; Juvenile Outpatient - Individual |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring; Adults who Sexually Harm Evaluation | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); | Pre-Treatment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | tpatient Therapy - Co-occurring; Assessment: Pre-Treat | ment Assessment (Medicaid); A | ssessment: Mental |
| Other Services: | | | | |
| | | | | |
| Mucklow, Greg | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | (308)237-5953 |
| . 0 | 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 | 616 W 5th St Hastings NB 68901 aluations; Adult Non-Residential Services Intervention/Ec nt - Family; Adult Non-Residential Services Outpatient - I ervices Intensive Outpatient Treatment; Juvenile Assess Juvenile Non-Residential Services Outpatient - Groups; dividual; Juvenile Non-Residential Services Outpatient - 0 | lucation; Adult Non-Residential ndividual; Adult Non-Residential ment Services Substance Abuse Juvenile Non-Residential Servic | Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Substance Abuse Services: | 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 | aluations; Adult Non-Residential Services Intervention/Econt - Family; Adult Non-Residential Services Outpatient - Intervices Intensive Outpatient Treatment; Juvenile Assess Juvenile Non-Residential Services Outpatient - Groups; | lucation; Adult Non-Residential ndividual; Adult Non-Residential ment Services Substance Abuse Juvenile Non-Residential Servic Co-Occurring Treatment; Juveni | Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family le Non-Residential |
| Substance Abuse Services: Mental Health Services: | 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; Juvenile Pre-Treatment Asse Evaluation Outpatient Therapy - Individual-Mental Health; Ou | aluations; Adult Non-Residential Services Intervention/Ec nt - Family; Adult Non-Residential Services Outpatient - I ervices Intensive Outpatient Treatment; Juvenile Assess Juvenile Non-Residential Services Outpatient - Groups; dividual; Juvenile Non-Residential Services Outpatient - G | lucation; Adult Non-Residential 3 ndividual; Adult Non-Residential ment Services Substance Abust Juvenile Non-Residential Servic Co-Occurring Treatment; Juveni ocial); Co-Occurring; Adults who h; Outpatient Therapy including | Services Outpatient - Services Outpatient - e Evaluations; Juvenile es Outpatient - Family le Non-Residential o Sexually Harm Family Sessions- |

| 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: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Patitz, Beverly | New Dimensions Counseling | 223 East 14th, Suite 220 Hastings NB 68901 | (402)519-0159 | (402)463-9169 |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring Non-Treatment: Intensive Family Preservation; N including Family Sessions-Mental Health; Outpat | valuations; Juvenile Assessment Services Substance Abuse Evaluati essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm Ion-Treatment: Supervised Visitation; Outpatient Therapy - Individual tient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; A | ent Assessment (bic -Mental Health; Outp | atient Therapy |
| Other Services: | (Medicaid); Assessment: Mental Status Exam (M Sliding Fee Scale; | ISE); Assessment: Co-Occurring | | |
| 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: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessn | nent: Pre-Treatment | Assessment |
| Rivera, Elia | | 312 North Elm Street Suite 105 Grand Island NB 68801 | (308)383-2208 | |
| 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 | | dult Non-Residentia | Services Outpatient ducation; Juvenile |
| | Des Tradition of Association of (his result is a sight) (| | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | patient Therapy - Individual-Mental Health; Outpatient Therapy includi | na Group Sessions- | 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; Ades Outpatient - Individual; Adult Non-Residential Services Outpatient | | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (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; | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A nt - 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-Occurri | 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: | | | | |
| 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 t - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Nor amily; Juvenile Non-Residential Services Outpatient - Individual; Juv al Services Intensive Outpatient Treatment | ring Treatment; Adul n-Residential Service | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | - | |
| Schroeder, Ryleigh | Horizon Recovery & Counseling Center | 835 South Burlington Suite 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Schurman, Aggie | Goodwill Industries of Greater Nebraska | 835 S Burlington Ave #112 Hastings NB 68901 | (402)463-1467 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Control of the second s | agement; Pre-Treatment Assessment (bio-psychosocial); Psycholog utpatient Therapy including Family Sessions-Mental Health; Outpatie tent Assessment (Medicaid); Assessment: Mental Status Exam (MSI Assessment | ent Therapy - Eating I | |
| Springer, Jo | Spouse Abuse Sexual Assault Crisis Center, Inc | 220 S Burlington, Suite 4 Hastings NB 68901 | (402)463-5810 | |
| 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 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 Servi Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; 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 |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ;; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Mental Health Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni Outpatient Therapy; Pre-Treatment Assessment | 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 utpatient Therapy including Group Sessions-Mental Health; Outpatie | Abuse Evaluations; tion; Psychological E | Juvenile Non- valuation |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Therapy-Youth Who Sexually Harm; Assessment | outh Who Sexually Harm; Outpatient Therapy - Co-occurring; Intension :: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Harm Risk Assessment; Assessment: Co-Occurring | | |
| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Groups | ; Juvenile Non-Resid | lential Services |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N t; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N tient - Individual essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | dult Non-Residential vices Intervention/Ec Non-Residential Servi | Services Outpatient - lucation; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health | , soouling | |
| 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-Occur | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Veronee, Tony | | 1040 S. Wabash Ave., Apt. 208 Hastings NB 68901 | (308)737-8952 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Adult Non-Residential S | aluations; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment | ult Non-Residential S | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Co-occi | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Out urring; Assessment: Co-Occurring | patient Therapy-Men | tal Health; Intensive |
| Other Services: | | - | | |

| Name | Agency | Address | Phone | Fax |
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| 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: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve Outpatient Therapy - Individual-Mental Health; O | valuations; Adult Non-Residential Services Outpatient - Co-Occurring enile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (I putpatient Therapy including Family Sessions-Mental Health; Assessm Evaluation; Assessment: Mental Status Exam (MSE); Assessment: M | bio-psychosocial) hent: Pre-Treatment | |
| 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; A Services Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R Co-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| 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: | Outpatient Therapy | | | |

| 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 | ; 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 S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Ser Services Outpatient - Individual; Juvenile Non-Residential Ser Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Res SA/MH; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ esidential Services Dual Residential (MH/SA); Adult Residential S ons; Juvenile Non-Residential Services Intervention/Education; Ju vices Outpatient - Groups; Juvenile Non-Residential Services Out esidential Services Outpatient - Co-Occurring Treatment; Juvenile | t Non-Residential Servic curring Treatment; Adult ervices Short Term Res venile Non-Residential patient - Family; Juvenil | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy including Family Sessions-M Intensive Outpatient Therapy-Mental Health; Inte (Medicaid); Assessment: Co-Occurring | atient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Eating Disorder; Outpatient Therapy-Co-occurring; Assonative Outpatient: Intensive Outpatient Therapy - Intensive Outpatient Therapy-Co-occurring; Assonative Outpatient: Intensive Outpatient | erapy - Co-occurring; In | tensive 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-Residential Services Intervention/Ec | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | a Martal Hardt |
| | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Co-occurring; Assessment: | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy i Pre-Treatment Assessment (Medicaid) | Including Family Sessio | ns-Mental Health; |
| Other Services: | | | | |

| 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 | 1 |
| 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 | Services Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | • | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | it Therapy - Eating D | Disorder; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Brooks, Cristy | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)340-0022 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | uding Family Sessio | ns-Mental Health |
| Other 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier y-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessme y Harm Risk Assessment | | |
| Other Services: | | y hann Nisk Assessment | | |
| 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; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advised to the services of the servi | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier y; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Reside vatient Treatment | dult Non-Residential | Services Intensive ation; Juvenile Non- |

| Name | Agency | Address | Phone | Fax |
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| 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: | Outpatient Therapy - Individual-Mental Health; Ou Treatment Aide; Intensive Outpatient: Intensive O | utpatient Therapy including Family Sessions-Mental Health; Outpatien Dutpatient Therapy-Co-occurring | nt Therapy - Co-occ | urring; Community |
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| 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: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | uding Family Sessio | ns-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: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Commun | nity Treatment Aide | | |
| 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; Adults who Sexually Harm Evaluat | ion | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | atment: Intensive Family Preservation; Non-Treatment: Supervised V Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; ting Disorder; Assessment: Pre-Treatment Assessment (Medicaid); A | Outpatient Therapy | including Family |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | outpatient Therapy including Group Sessions-Mental Health; C rder | Dutpatient Therapy including Fa | mily Sessions- |
| 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 Ex | valuations; Juvenile Assessment Services Substance Abuse E | Evaluations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient The t Therapy - Co-occurring; Assessment: Pre-Treatment Assess | | |
| 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- Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juven | ssessment Services Substance Abuse Evaluations; Adult Nor ups; Adult Non-Residential Services Outpatient - Family; Adul Occurring Treatment; Adult Non-Residential Services Intensiv ervices Substance Abuse Evaluations; Juvenile Non-Resident ile Non-Residential Services Outpatient - Family; Juvenile No Co-Occurring Treatment; Juvenile Non-Residential Services In | t Non-Residential Services Out e Outpatient Treatment; Adult F ial Services Intervention/Educa n-Residential Services Outpatie | patient - Individua Residential Service tion; Juvenile Non |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; C g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ | | |
| 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 |
|---------------------------|---|--|--|---------------------------------|
| 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 | | ividual; Adult Non-Residential Se ostance Abuse Evaluations; Juve | ervices Intensive enile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ | | |
| 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 | ion | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psy | chological Evaluation; Assessm | ent: Juvenile Wh |
| 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 Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosoci | ial); Psychological Evaluation | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Sexually Harm; Outpatient Therapy - Eating Disorder; Asses sment: Psychological Evaluation; Assessment: Juvenile Who | sment: Pre-Treatment Assessm | ent (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: | | | |

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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| Kallhoff, Paige | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health | | |
| 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 S Non-Residential Services Intervention/Education | 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 (bio-psychosocial): Co-Occurring | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Non-Treatment: Intensive Family Preservation; N Individual-Mental Health; Outpatient Therapy incl | Ion-Treatment: Anger Management Class; Non-Treatment: General E Iuding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Inten | amily Sessions-Mer | ntal Health; Outpatien |
| 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: | | ssessment: Pre-Treatment Assessment (Medicaid) | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental I apy including Family Sessions-Mental Health; Outpatient Therapy - Ea ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa It Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Consistent | | | | |

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: | | | | |
| | | sessment (PTA); Pre-Treatment Assessment (bio-psychosod Non-Treatment: Anger Management Class; Outpatient Thera | , | |
| Suvernie Services. | | atient Therapy - Eating Disorder; Assessment: Pre-Treatmen | | Outpatient merapy |
| 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 | | | |
| Juvenile Services: | Supervised Visitation; Non-Treatment: Day Rep Education Class; Outpatient Therapy - Individua | reatment: Tracker (Except Douglas County); Non-Treatment: orting; Non-Treatment: Evening Reporting; Non-Treatment: <i>A</i> al-Mental Health; Outpatient Therapy including Group Sessio rapy - Eating Disorder; Community Treatment Aide; Intensive on-Eating Disorder: Intensive Outpatient: Intensive Outpatient | Anger Management Class; Nor ns-Mental Health; Outpatient T e Outpatient: Intensive Outpati | n-Treatment: Genera Therapy including |
| | Treatment Assessment (Medicaid); Assessment | t: Mental Status Exam (MSE); Contracted Services: Tracker; | | ssment: Pre- |
| Other Services: | Treatment Assessment (Medicaid); Assessment Bilingual Services; | | | ssment: Pre- |
| Other Services: Morrow, Laurie | | | | ssment: Pre- |
| Morrow, Laurie Substance Abuse Services: | Bilingual Services; Oasis Counseling International Adult Non-Residential Services Intervention/Edu | t: Mental Status Exam (MSE); Contracted Services: Tracker; | Contracted Services: Electron | ssment: Pre- |
| Morrow, Laurie Substance Abuse Services: Mental Health Services: | Bilingual Services; Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy | t: Mental Status Exam (MSE); Contracted Services: Tracker; 221 W Douglas O'Neill NB 68763 ucation; Adult Non-Residential Services Outpatient - Groups | Contracted Services: Electron | ssment: Pre- |
| Morrow, Laurie Substance Abuse Services: Mental Health Services: | Bilingual Services; Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy Non-Treatment: Family Support Worker; Non-Tr | t: Mental Status Exam (MSE); Contracted Services: Tracker; 221 W Douglas O'Neill NB 68763 | Contracted Services: Electron | ssment: Pre- |
| Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: | Bilingual Services; Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy Non-Treatment: Family Support Worker; Non-Tr | t: Mental Status Exam (MSE); Contracted Services: Tracker; 221 W Douglas O'Neill NB 68763 ucation; Adult Non-Residential Services Outpatient - Groups | Contracted Services: Electron | ssment: Pre- |
| Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Neuhalfen, Kristen | Bilingual Services; Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy Non-Treatment: Family Support Worker; Non-Tr The Link, Inc. Adult Non-Residential Services Intervention/Edu Adult Non-Residential Services Outpatient - Indi | t: Mental Status Exam (MSE); Contracted Services: Tracker; 221 W Douglas O'Neill NB 68763 ucation; Adult Non-Residential Services Outpatient - Groups reatment: Supervised Visitation; Community Treatment Aide | Contracted Services: Electron (402)379-2030 (402)371-7213 Adult Non-Residential Service | ssment: Pre- nic Monitoring |
| Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Neuhalfen, Kristen Substance Abuse Services: | Bilingual Services; Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy Non-Treatment: Family Support Worker; Non-Tr The Link, Inc. Adult Non-Residential Services Intervention/Edu | t: Mental Status Exam (MSE); Contracted Services: Tracker; 221 W Douglas O'Neill NB 68763 ucation; Adult Non-Residential Services Outpatient - Groups reatment: Supervised Visitation; Community Treatment Aide 1001 W Norfolk Ave. Norfolk NB 68701 ucation; Adult Non-Residential Services Outpatient - Groups; ividual; Adult Non-Residential Services Outpatient - Co-Occu | Contracted Services: Electron (402)379-2030 (402)371-7213 Adult Non-Residential Service | ssment: Pre- nic Monitoring |
| Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Neuhalfen, Kristen Substance Abuse Services: | Bilingual Services; Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy Non-Treatment: Family Support Worker; Non-Tr The Link, Inc. Adult Non-Residential Services Intervention/Edu Adult Non-Residential Services Outpatient - Indi Halfway-House Outpatient Therapy; Pre-Treatment Assessment | t: Mental Status Exam (MSE); Contracted Services: Tracker; 221 W Douglas O'Neill NB 68763 ucation; Adult Non-Residential Services Outpatient - Groups reatment: Supervised Visitation; Community Treatment Aide 1001 W Norfolk Ave. Norfolk NB 68701 ucation; Adult Non-Residential Services Outpatient - Groups; ividual; Adult Non-Residential Services Outpatient - Co-Occu | Contracted Services: Electron (402)379-2030 (402)371-7213 Adult Non-Residential Service | ssment: Pre- nic Monitoring |

| 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: | | outpatient Therapy - Individual-Mental Health; Outpatient Therapy i ental Health; Outpatient Therapy - Eating Disorder | including Group Session | ns-Mental Health; |
| Other Services: | Outpatient merapy including Paniny Sessions-ivi | ental Health, Outpatient Merapy - Eating Disorder | | |
| Pelster-Hess, Brooke | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Short Term Residential; Juvenile Assessment Services Substanc enile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Intensive Outpatient 7 | ; Adult Non-Residential e Abuse Evaluations; J Residential Services O | Services Intensive uvenile Non- utpatient - Family; |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | | |
| 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-Res dult Non-Residential Services Outpatient - Individual; Adult Non-Res sive Outpatient Treatment; Adult Residential Services Short Term sidential Services Outpatient - Groups; Juvenile Non-Residential S enile Non-Residential Services Outpatient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring; Psychological Evaluation | esidential Services Outp Residential; Juvenile As ervices Outpatient - Fai | atient - Co-Occurrir ssessment Services mily; Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring (SE); Assessment: Psychological Evaluation; Assessment: Co-Occ | ; Assessment: Pre-Trea | |
| Other Services: | Sliding Fee Scale; | | 5 | |
| 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 | logical Evaluation | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpa nent Assessment (Medicaid); Assessment: Mental Status Exam (M Assessment | | |
| Other Services: | - | | | |

| Name | Agency | Address | Phone | Fax |
|----------------------|--|---|--|---|
| 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; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- ervenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu | Adult Non-Residential ervices Intervention/Ec Residential Services (| Services Outpatient lucation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; | utpatient Therapy - Individual-Mental Health; Outpatient Therapy in Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occ tus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk A | urring; Assessment: P | |
| 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; Ant - 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 vices Substance Abuse Ion-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati ; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| 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; Adulive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | e Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Youth Who S | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpa t Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ent Therapy including tient: Intensive Outpat | Family Sessions- ient Therapy-Youth |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| 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 Harr | n Evaluation |
| | Mental Health; Community Treatment Aide; Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| | 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 | venile Assessment | Services Substance |
| | | ant Dra Tractment Accessment (Mediacid) | | |
| Other Services: | Non-Treatment: Family Support Worker; Assessn | nent: Pre-Treatment Assessment (Medicaid) | | |
| 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 | 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 e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | nt Therapy including ssessment: Pre-Trea | Family Sessions- atment Assessment |
| 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; 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 At /enile Non-Resident | esidential Services buse Evaluations; ial Services Outpatier |
| 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: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The | | patient Therapy |

| Name | Agency | Address | Phone | Fax | |
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| Other Services: | occurring; Assessment: Pre-Treatment Assessme Sliding Fee Scale; | ent (Medicaid); Assessment: Co-Occurring | | | |
| Wright, Chad | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 | |
| Substance Abuse Services: | | | | | |
| | ervices: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment Assessment (bio- psychosocial); Adults who Sexually Harm Evaluation ervices: Non-Treatment: Intensive Family Preservation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; | | | | |
| Other Services: | on-Treatment: Intensive Family Preservation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; utpatient Therapy - Youth Who Sexually Harm; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; isessment: Pre-Treatment Assessment (Medicaid); Assessment: Juvenile Who Sexually Harm Risk Assessment ding Fee Scale; Hearing Impaired; | | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|--|--|
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | 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 Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A SE); Assessment: Co-Occurring | | |
| | | | | |
| 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 | | | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Day Treatment D | | |
| | | | ay Treatment-Menta | I Health; Assessment |
| Other Services: | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; | | lay Treatment-Menta | I Health; Assessment: |
| Other Services: Jones, James | Pre-Treatment Assessment (Medicaid); Assessm | | (402)429-1050 | I Health; Assessment |
| | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; | nent: Mental Status Exam (MSE) | | I Health; Assessment: |
| Jones, James | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center | nent: Mental Status Exam (MSE) | | I Health; Assessment |
| Jones, James Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center | PO Box 22746 Lincoln NB 68542 | | I Health; Assessment |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center Outpatient Therapy | PO Box 22746 Lincoln NB 68542 | | I Health; Assessment |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity | PO Box 22746 Lincoln NB 68542 | (402)429-1050 (402)370-3140 | |

| Name | Agency | Address | Phone | Fax |
|----------------------|---|--|-----------------------|--------------------|
| 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- |
| | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpati | ient Therapy-Youth |

| Name | Agency | Address | Phone | Fax |
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| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education ent - Individual; Juvenile Assessment Services Substance Abuse Services Outpatient - Groups; Juvenile Non-Residential Services | Evaluations; Juvenile Nor | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp | atient Therapy - Eating D | isorder; Outpatient |
| Other Services: | Sliding Fee Scale; | nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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) | | |
| | Outpatient Therapy including Family Sessions-M Assessment (Medicaid) | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Intensive Outpatient: Intensive Outpatient Therapy- | | |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | | 921 W 36th st Scottsbluff NB 69361 | (308)225-0500 | |
| | Abuse Evaluations; Juvenile Non-Residential Se | • | Juvenile Assessment Se | ervices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | 1,2 0 | -amily Sessions- |
| 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 Ex | 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 - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outp ient: Mental Status Exam (MSE); Assessment: Co-Occurring | atient Therapy - Co-occu | rring; Assessment: |
| Other Services: | | | | |
| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| | Individual; Adult Non-Residential Services Outpa Residential Services Intervention/Education; Juv Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Education tient - Co-Occurring Treatment; Juvenile Assessment Services S enile Non-Residential Services Outpatient - Individual; Juvenile N | ubstance Abuse Evaluation on-Residential Services (| ons; Juvenile Non- Outpatient - Co- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | atment Assessment (bio- | psychosocial); Co- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Juvenile Services: | | Putpatient Therapy including Family Sessions-Mental Heal | | urring; Assessment: |
| 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; | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Inc Services Substance Abuse Evaluations; Juvenile Non-Res Freatment | | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); | Pre-Treatment Assessment (bic | -psychosocial); Co- |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Mana Outpatient Therapy including Group Sessions-M | eatment: Supervised Visitation; Non-Treatment: Tutoring; Igement Class; Non-Treatment: General Education Class; ental Health; Outpatient Therapy including Family Session py-Mental Health; Assessment: Pre-Treatment Assessmen | Outpatient Therapy - Individual s-Mental Health; Outpatient Th | -Mental Health; 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 | |
| Substance Abuse Services: | 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/Ed ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assess ; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - (| ndividual; Adult Non-Residentia ment Services Substance Abus Juvenile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment | (hio-hey/choeocial) | | |
| | Outpatient Therapy - Individual-Mental Health; O | putpatient Therapy including Group Sessions-Mental Healt g; Assessment: Pre-Treatment Assessment (Medicaid) | h; Outpatient Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
|----------------------|---|--|-----------------------|-------------------|
| 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 A e Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | Abuse Evaluations; J | luvenile Non- |
| | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpati | ent Therapy-Youth |

| 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 | |
| | 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/Edu ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessn 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: | 1 19 | Dutpatient Therapy including Group Sessions-Mental Health ng; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy including Fa | mily Sessions- |
| 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 Interventior nt - Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Reside | t - Individual; 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 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | t - Individual; Adult Non-Residential Residential Services Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Co-occurring; Assessment: | utpatient Therapy - Individual-Mental Health; Outpatie Pre-Treatment Assessment (Medicaid) | ent Therapy including Family Sessio | ns-Mental Health; |
| Other 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 | aluations; Adult Non-Residential Services Interventior nt - Family; Adult Non-Residential Services Outpatien vices Intervention/Education; Juvenile Non-Residentia ential Services Outpatient - Individual | t - Individual; Juvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Group Sessions-Mental H | ealth; Outpatient Therapy - Eating D | visorder; Assessment: |
| 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 nt - Family; Adult Non-Residential Services Outpatien (hig-psychosocial) | | Services Outpatient - |
| | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Ther ent Therapy including Family Sessions-Mental Health ient Assessment (Medicaid); Assessment: Co-Occurr | ; Outpatient Therapy - Eating Disord | |
| Other Services: | Sliding Fee Scale; | | "' ' | |

| Agency | Address | Phone | Fax |
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| Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| Groups; Adult Non-Residential Services Outpatient | | | |
| 0 | (bio-psychosocial); Co-Occurring | | |
| | | | Family Sessions- |
| | | - | |
| Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| | | | |
| Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | | | |
| Sliding Fee Scale; | | | |
| Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| | | | |
| Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | | cluding Group Sessio | ns-Mental Health; |
| Bilingual Services; | | | |
| 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-F Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (| es Outpatient - Groups; Adult Non-Residential Services Outpatient Residential Services Intensive Outpatient Treatment; Adult Resider Evaluations; Juvenile Non-Residential Services Intervention/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services ent | Individual; Adult Non- itial Services Short Te ition; Juvenile Non-Re Outpatient - Individua | -Residential Services rm Residential; sidential Services l; Juvenile Non- |
| | Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Apex Therapy Service Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy Pre-Treatment Assessment Outpatient Therapy Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Outpatient Therapy including Family Sessions-Me Bilingual Services; Colegrove Counseling Center Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment; Adult Non-Juvenile Assessment Services Substance Abuse Ev Monitoring SA/MH; Juvenile Non-Residential Services | Wholeness Healing Center PC 2608 Oldfair Rd. Grand Island NB 68803 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; A Groups; Adult Non-Residential Services Outpatient - Individual; Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpati Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment Outpatient Therapy Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Unterapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Cutpatient Therapy including Fee Scale; Good Life Counseling & Support 2277 22nd Ave Columbus NB 68601 Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) Bilingual Services; 1460 35th Ave. Columbus NB 68601 Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Trea | Wholeness Healing Center PC 2608 Oldfair Rd. Grand Island NB 68803 (308)382-5297 Aduit Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Co-Occurring Treatment Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Outpatient Therapy: Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Couptient Therapy : Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial) (402)851-4026 Outpatient Therapy : Pre-Treatment Assessment (bio-psychosocial) (402)851-4026 Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating I Outpatient Therapy : Pre-Treatment Assessment (bio-psychosocial) (402)562-0400 Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) (402)562-0400 Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) (402)562-0400 Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) (402)562-6767 |

| 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: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | on | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | eatment: Intensive Family Preservation; Non-Treatment: Supervised V Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; ating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); <i>A</i> | Outpatient Therapy in | cluding Family |
| 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 - Individual-Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including Fa | mily Sessions- |
| 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 | ns | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (M | | |
| Other Services: | 0 | | | |
| 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; Juvenil | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Re Occurring Treatment; Adult Non-Residential Services Intensive Outpat rvices Substance Abuse Evaluations; Juvenile Non-Residential Servi le Non-Residential Services Outpatient - Family; Juvenile Non-Residential o-Occurring Treatment; Juvenile Non-Residential Services Intensive | esidential Services Our cient Treatment; Adult ces Intervention/Educa ential Services Outpation | patient - Individual; Residential Services ttion; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| 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; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Outpatient - Individual; Juvenile Non-Re | rring Treatment; Adult | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| 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 | | Adult Non-Residential Abuse Evaluations; J | Services Intensive uvenile Non- |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; | | |
| | | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Hunter, Linda Substance Abuse Services: | Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | Services, PC | 408 N Oakland Ave Oakland NB 68045 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psy | | (402)685-4132 |
| Substance Abuse Services: Mental Health Services: | Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asso Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who | | chological Evaluation ent Therapy including Pre-Treatment Assess | Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asso Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psy utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: | chological Evaluation ent Therapy including Pre-Treatment Assess | Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asso Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who Assessment: Mental Status Exam (MSE); Assess | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psy utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: | chological Evaluation ent Therapy including Pre-Treatment Assess | Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asso Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who Assessment: Mental Status Exam (MSE); Assess Sliding Fee Scale; Community Justice Center | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psy utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: sment: Psychological Evaluation; Assessment: Juvenile Who Sexua | chological Evaluation ent Therapy including Pre-Treatment Assess lly Harm Risk Assess | Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Jones, James | Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asso Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Assessment: Mental Status Exam (MSE); Assess Sliding Fee Scale; Community Justice Center | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psy utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: sment: Psychological Evaluation; Assessment: Juvenile Who Sexua | chological Evaluation ent Therapy including Pre-Treatment Assess lly Harm Risk Assess | Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asso Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Assessment: Mental Status Exam (MSE); Assess Sliding Fee Scale; Community Justice Center | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psy utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: sment: Psychological Evaluation; Assessment: Juvenile Who Sexua PO Box 22746 Lincoln NB 68542 | chological Evaluation ent Therapy including Pre-Treatment Assess lly Harm Risk Assess | Family Sessions- |

| 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 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 Service 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: | Individual-Mental Health; Outpatient Therapy inclu | on-Treatment: Anger Management Class; Non-Treatment: General E uding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intens aid); Assessment: Co-Occurring | amily Sessions-Men | tal Health; Outpatient |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatie | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | iting Disorder; Outpa t Therapy-Youth Wh | itient Therapy - Co- o Sexually Harm; |
| 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: | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivi ent Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy |
| 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 | | | |
| | | outpatient Therapy - Individual-Mental Health; Outpatient Therapy inc | luding Group Session | ns-Mental Health; |
| Other Services: | Outpatient Therapy including Family Sessions-live | ental Health; Outpatient Therapy - Eating Disorder | | |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Short Term Residential; Juvenile Assessment Services Substance A enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re idividual; Juvenile Non-Residential Services Intensive Outpatient Tre | Adult Non-Residential Abuse Evaluations; Ju esidential Services O | Services Intensive uvenile Non- utpatient - Family; |
| | Outpatient Therapy; Co-Occurring | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| | | | | |
| Other Services: | | | | |
| | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| | 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 agement; Pre-Treatment Assessment (bio-psychosocial); Psycholog | . , | (402)379-2487 |
| Snitchler, Eric Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Pre-Treatm | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MS | jical Evaluation ent Therapy - Eating [| Disorder; Outpatient |
| Snitchler, Eric Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Individual-Mental Health; Ou | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MS | jical Evaluation ent Therapy - Eating [| Disorder; Outpatient |
| Snitchler, Eric Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Pre-Treatm | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MS | jical Evaluation ent Therapy - Eating [| Disorder; Outpatient |
| Snitchler, Eric Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Stahlecker, Rebecca Substance Abuse Services: | Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Pre-Treatm Assessment: Juvenile Who Sexually Harm Risk A Good Life Counseling & Support 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 | agement; Pre-Treatment Assessment (bio-psychosocial); Psycholog utpatient Therapy including Family Sessions-Mental Health; Outpatie hent Assessment (Medicaid); Assessment: Mental Status Exam (MS Assessment 200 N 34th PO Box 2315 Norfolk NB 68702 raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-F o-Occurring Treatment | gical Evaluation ent Therapy - Eating I E); Assessment: Psyc (402)371-3044 dult Non-Residential vices Intervention/Ed Residential Services 0 | Disorder; Outpatient chological Evaluation (402)371-9643 Services Outpatient - Services Outpatient Jucation; Juvenile |
| Snitchler, Eric Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Stahlecker, Rebecca Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Mental Health Intensive Man Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Pre-Treatm Assessment: Juvenile Who Sexually Harm Risk A Good Life Counseling & Support 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 | agement; Pre-Treatment Assessment (bio-psychosocial); Psycholog utpatient Therapy including Family Sessions-Mental Health; Outpatie hent Assessment (Medicaid); Assessment: Mental Status Exam (MS Assessment 200 N 34th PO Box 2315 Norfolk NB 68702 raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Fesidential S | gical Evaluation ent Therapy - Eating I E); Assessment: Psyc (402)371-3044 dult Non-Residential vices Intervention/Ed Residential Services (| Disorder; Outpatient chological Evaluatior (402)371-9643 Services Outpatient - Services Outpatient Jucation; Juvenile Outpatient - Individua |

| 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; 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 es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| 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 | Abuse Evaluations; | Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion; Psychological E | valuation |
| | Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatmen Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | ent: Intensive Outpat | ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| | 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 | uvenile Assessment | Services Substance |
| | | nanti Dra Traatmant (Accessment (Madiasid) | | |
| Other Services: | Non-Treatment: Family Support Worker; Assessr | nent. Pre- neatment Assessment (Medicaid) | | |
| 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: | | | | |

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 |
|---------------------------|---|---|---|--|
| 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 Se Outpatient - Individual; Adult Non-Residentia Juvenile Non-Residential Services Interventi | e Evaluations; Adult Non-Residential Services Intervention/Educa ervices Outpatient - Groups; Adult Non-Residential Services Outpatient I Services Outpatient - Co-Occurring Treatment; Juvenile Assessr on/Education; Juvenile Non-Residential Services Outpatient - Gro Outpatient - Individual; Juvenile Non-Residential Services Outpatient | itient - Family; Adult Non-Re nent Services Substance Al ups; Juvenile Non-Resident | esidential Services buse Evaluations; ial Services Outpatier |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Occurring | Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- | Treatment Assessment (bic | -psychosocial); Co- |
| Juvenile Services: | | Non-Treatment: General Education Class; Outpatient Therapy - In tpatient Therapy including Family Sessions-Mental Health; Outpat tent: Co-Occurring | | |
| 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 psychosocial); Adults who Sexually Harm Ev | Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluatio valuation | n (YWSH); Pre-Treatment / | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Ha | on; Outpatient Therapy - Individual-Mental Health; Outpatient Ther arm; Community Treatment Aide; Intensive Outpatient: Intensive C edicaid); Assessment: Juvenile Who Sexually Harm Risk Assessn | Outpatient Therapy-Youth W | |
| Other Services | Sliding Eco Scalo: Hearing Impaired: | | | |

Other Services: Sliding Fee Scale; Hearing Impaired;

| 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 Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential ducation; Juvenile Non-Residential Services Care Monitoring SA/N ervices Outpatient - Family; Juvenile Non-Residential Services Out uvenile Non-Residential Services Intensive Outpatient Treatment | - Family; Adult Non-Re Services Intensive Out /H; Juvenile Non-Resid | esidential Services tpatient Treatment; dential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurrin | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt g | | |
| Other Services: | Sliding Fee Scale; | | | |
| Connor, Shawnda | Healing Hope Counseling LLC | 815 Flack Ave Alliance NB 69301 | (308)225-6572 | (308)217-4277 |
| | Occurring Treatment; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | ily; Adult Non-Residential Services Outpatient - Individual; Adult Nervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile | on-Residential Services htpatient - Individual; Ju | s Outpatient - Co- venile Non-Residentia |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpa | tient Therapy - Co-occi | urring; Assessment: |
| 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 No | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatient Assessment (Medicaid); Assessment: Co-Occurring | tient Therapy - Eating D | Disorder; Outpatient |
| Other Services: | Sliding Fee Scale; | ion recession (weakang, recession. co cocuring | | |
| 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: | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy including Family Sessions-Me Assessment (Medicaid) | utpatient Therapy - Individual-Mental Health; Outpatient Therapy i ental Health; Intensive Outpatient: Intensive Outpatient Therapy-M | ncluding Group Session ental Health; Assessmo | ns-Mental Health; ent: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 S | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa ; Assessment: Pre-Treatment Assessment (Medicaid); Assessme | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | 5 | |
| 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 Evalu | ations | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | tment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpa ent: Mental Status Exam (MSE); Assessment: Co-Occurring | atient Therapy - Co-occ | urring; Assessment |
| 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; ient - Co-Occurring Treatment; Juvenile Assessment Services Su nile Non-Residential Services Outpatient - Individual; Juvenile No | bstance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | tment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpa ent: Mental Status Exam (MSE); Assessment: Co-Occurring | atient Therapy - Co-occ | urring; Assessment |
| 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; | | | |
| Leach, Michael | | 3321 Ave. I, Suite 100 Scottsbluff NB 69361 | (308)762-2723 | (308)217-4277 |
| | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpa | atient Therapy - Co-occ | urring; Assessment |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Menta py including Family Sessions-Mental Health; Outpatient Therapy - ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpati aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foste | Eating Disorder; Outp ent Therapy-Youth Wi | atient Therapy - Co- no Sexually Harm; |
| Other 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 | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outpat ssment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential S reatment | | |
| Mental Health Services: | 1 0 | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treat | ment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Evening Reporting; Non-Treatment: Anger Manag Outpatient Therapy including Group Sessions-Me | atment: Supervised Visitation; Non-Treatment: Tutoring; Non-Trea gement Class; Non-Treatment: General Education Class; Outpatier ental Health; Outpatient Therapy including Family Sessions-Mental ny-Mental Health; Assessment: Pre-Treatment Assessment (Medica | nt Therapy - Individual Health; Outpatient Th | -Mental Health; erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| 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; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sub e Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evalua | tions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpat | ient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Pre-Treatment Assessment (wedicaid); Assessm | ent: Mental Status Exam (MSE); Assessment: 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 |
|---------------------------|---|--|---|--|
| 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 nent Services Substance Abus uvenile Non-Residential Servic | Services Outpatier e Evaluations; Juve es Outpatient - Fan |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | outpatient Therapy including Group Sessions-Mental Health g; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy including | Family Sessions- |
| 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; Juven | valuations; Adult Non-Residential Services Outpatient - Gro sive Outpatient Treatment; Juvenile Assessment Services S ile Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Har | ubstance Abuse Evaluations; | Juvenile Non- |
| | Mental Health; Outpatient Therapy - Youth Who | Dutpatient Therapy including Group Sessions-Mental Health Sexually Harm; Outpatient Therapy - Co-occurring; Intensiv at Assessment (Medicaid); Assessment: Mental Status Exar Assessment; Assessment: Co-Occurring | e Outpatient: Intensive Outpat | ient Therapy-Youth |
| Other Services. | Sliding Fee Scale, | | | |
| Taylor, Jennifer | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | (775)667-6079 |
| | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Outpatient - Gro nt - Individual; Adult Non-Residential Services Outpatient - | | rvices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services | Sliding Fee Scale | | | |

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; Ad Services Intensive Outpatient Treatment; Adult Residential Services D | dult Non-Residential S | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brooks, Cristy | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)340-0022 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | uding Family Session | s-Mental Health |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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 rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Res | idential 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 PO Box 355 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 Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | 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 Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient Therapy Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | Family; Adult Non-Res ervices Intensive Outp on; Juvenile Non-Res outpatient - Family; Ju Juvenile Non-Resider occurring -Mental Health; Outpa erapy - Co-occurring; | idential Services patient Treatment; idential Services venile Non- itial Services atient Therapy 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

| 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; | | | |
| Kallhoff, Paige | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| 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; 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 - Groups; Juvenile Non- individual; Juvenile Non-Residential Services Outpatient - Co-Occurri (bio-psychosocial); Co-Occurring | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juver es Outpatient - Fam |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy inc | Ion-Treatment: Anger Management Class; Non-Treatment: General luding Group Sessions-Mental Health; Outpatient Therapy including ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Inter aid): Assessment: Co-Occurring | Family Sessions-Mer | ntal Health; Outpatie |
| Other Services: | , , | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - E ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatie aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa nt Therapy-Youth Wh | atient Therapy - Co- no Sexually Harm; |
| | | | | |

Other 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/Educ | ation; Adult Non-Residential Services Outpatient - Groups | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Treatment | atment: Supervised Visitation; Community Treatment Aide | | |
| 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: | 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: | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy including Family Sessions-Me | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health: Outpatient Therapy - Eating Disorder | uding Group Sessior | ns-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 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; Ar Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; 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; |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring | ; Assessment: Pre-Treatment Assessment (Medicaid) | | - |
| 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 | | |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Therapy-Youth Who Sexually Harm; Assessment | uth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive : Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Harm Risk Assessment; Assessment: Co-Occurring | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad (bio-psychosocial); Co-Occurring | | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Co-Occurring | | |

| Name | Agency | Addres | 55 | Phone | Fax |
|---|---|--|--|---|--|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 6870 | 01 | (402)750-9660 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | nt - Family; Adult Non-Residential Servi | ices Outpatient - Individual; Ad | ult 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 PO Box 355 Sou | th Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service | es Outpatient - Groups; Adult Non-Resid | dential Services Outpatient - Fa | amily; 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 PO Box 355 Sou | th Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | 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 | es Outpatient - Groups; Adult Non-Resid vices Outpatient - Co-Occurring Treatm Evaluations; Juvenile Non-Residential al Services Outpatient - Groups; Juvenil | dential Services Outpatient - Fa nent; Adult Non-Residential Ser Services Intervention/Education le Non-Residential Services Ou | amily; Adult Non-Re rvices Intensive Out n; Juvenile Non-Re utpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessn | nent (bio-psychosocial); Co-Oc | curring | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Intensive Outpatient Therapy-Mental Health; Day | ent Therapy including Family Sessions- | Mental Health; Outpatient The | rapy - Co-occurring | ; Intensive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | 2 | (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; | | | | |

| 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 Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Educ Int - 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- dividual; Juvenile Non-Residential Services Outpatient - Co- (bio-psychosocial); Co-Occurring | vidual; Adult Non-Residential ent Services Substance Abuse /enile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Non-Treatment: Intensive Family Preservation; N Individual-Mental Health; Outpatient Therapy incl | Ion-Treatment: Anger Management Class; Non-Treatment: G luding Group Sessions-Mental Health; Outpatient Therapy in ensive Outpatient Therapy-Mental Health; Intensive Outpatie | cluding Family Sessions-Mer | tal Health; Outpatien |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Mental Health Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual ipy including Family Sessions-Mental Health; Outpatient The ient Therapy-Mental Health; Intensive Outpatient: Intensive (aid); Assessment: Mental Status Exam (MSE); Out-Of-Home | rapy - Eating Disorder; Outpa Dutpatient Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| Mental Health Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | py including Family Sessions-Mental Health; Outpatient The ent Therapy-Mental Health; Intensive Outpatient: Intensive O | rapy - Eating Disorder; Outpa Dutpatient Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| Mental Health Services: Juvenile Services: Other Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | py including Family Sessions-Mental Health; Outpatient The ent Therapy-Mental Health; Intensive Outpatient: Intensive O | rapy - Eating Disorder; Outpa Dutpatient Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medica Oasis Counseling International | py including Family Sessions-Mental Health; Outpatient The ent Therapy-Mental Health; Intensive Outpatient: Intensive C aid); Assessment: Mental Status Exam (MSE); Out-Of-Home | rapy - Eating Disorder; Outpa Dutpatient Therapy-Youth Wh e: Foster Care (Relative/Kinsh | atient Therapy - Co- o Sexually Harm; |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medica Oasis Counseling International Adult Non-Residential Services Intervention/Educ | py including Family Sessions-Mental Health; Outpatient The ent Therapy-Mental Health; Intensive Outpatient: Intensive O aid); Assessment: Mental Status Exam (MSE); Out-Of-Home 221 W Douglas O'Neill NB 68763 | rapy - Eating Disorder; Outpa Dutpatient Therapy-Youth Wh e: Foster Care (Relative/Kinsh | atient Therapy - Co- o Sexually Harm; |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie Substance Abuse Services: Mental Health Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medica Oasis Counseling International Adult Non-Residential Services Intervention/Educ Outpatient Therapy | py including Family Sessions-Mental Health; Outpatient The ent Therapy-Mental Health; Intensive Outpatient: Intensive O aid); Assessment: Mental Status Exam (MSE); Out-Of-Home 221 W Douglas O'Neill NB 68763 | rapy - Eating Disorder; Outpa Dutpatient Therapy-Youth Wh e: Foster Care (Relative/Kinsh | atient Therapy - Co- o Sexually Harm; |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medica Oasis Counseling International Adult Non-Residential Services Intervention/Educ Outpatient Therapy | py including Family Sessions-Mental Health; Outpatient The ent Therapy-Mental Health; Intensive Outpatient: Intensive O aid); Assessment: Mental Status Exam (MSE); Out-Of-Home 221 W Douglas O'Neill NB 68763 cation; Adult Non-Residential Services Outpatient - Groups | rapy - Eating Disorder; Outpa Dutpatient Therapy-Youth Wh e: Foster Care (Relative/Kinsh | atient Therapy - Co- o Sexually Harm; |
| Mental Health Services: Juvenile Services: Other Services: Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Schawang-Smith, Kim | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medica Oasis Counseling International Adult Non-Residential Services Intervention/Educ Outpatient Therapy Non-Treatment: Family Support Worker; Non-Treat Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | py including Family Sessions-Mental Health; Outpatient The ent Therapy-Mental Health; Intensive Outpatient: Intensive O aid); Assessment: Mental Status Exam (MSE); Out-Of-Home 221 W Douglas O'Neill NB 68763 cation; Adult Non-Residential Services Outpatient - Groups eatment: Supervised Visitation; Community Treatment Aide | rapy - Eating Disorder; Outpa Dutpatient Therapy-Youth Wh E Foster Care (Relative/Kinsh (402)379-2030 (402)336-2800 ation; Adult Non-Residential S | atient Therapy - Co- o Sexually Harm; hip) |
| 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: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medica Oasis Counseling International Adult Non-Residential Services Intervention/Educ Outpatient Therapy Non-Treatment: Family Support Worker; Non-Treat Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | py including Family Sessions-Mental Health; Outpatient The ient Therapy-Mental Health; Intensive Outpatient: Intensive O aid); Assessment: Mental Status Exam (MSE); Out-Of-Home 221 W Douglas O'Neill NB 68763 cation; Adult Non-Residential Services Outpatient - Groups eatment: Supervised Visitation; Community Treatment Aide 221 West Douglas St O'Neill NB 68763 raluations; Adult Non-Residential Services Intervention/Educ | rapy - Eating Disorder; Outpa Dutpatient Therapy-Youth Wh E Foster Care (Relative/Kinsh (402)379-2030 (402)336-2800 ation; Adult Non-Residential S | atient Therapy - Co- o Sexually Harm; hip) |

| 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 Services Intervention/Education | 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 Services Substance Abuse le Non-Residential Service | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Out g; Assessment: Pre-Treatment Assessment (Medicaid) | patient Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | с, , , , , , , , , , , , , , , , , , , | | |
| 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); | Adults who Sexually Harm | n Evaluation |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Community Treatment Aide; Asse | utpatient Therapy including Group Sessions-Mental Health; Out ssment: Pre-Treatment Assessment (Medicaid) | patient Therapy including | Family Sessions- |
| 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/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu | 2 | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | patient Therapy - Individual-Mental Health; Outpatient Therapy in lental Health; Outpatient Therapy - Eating Disorder; Outpatient T : Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

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| Name | Agency | Address | Phone | Fax |
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| Substance Abuse Services: | | aluations; 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 | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | tion | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre sment: Juvenile Who Sexually Harm Risk Assessment; Assessment: | -Treatment Assessm | |
| Other Services: | | | | |
| Babutzke, Jamie | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (402)463-5684 | (402)463-5686 |
| Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | nt - 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 (bio-psychosocial); Co-Occurring | ces Substance Abus | e Evaluations; Juven es Outpatient - Fami |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |
| Boken, Agrini | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)455-0844 | (308)455-1402 |
| Boken, Agrini Substance Abuse Services: | | | (308)455-0844 | |
| Boken, Agrini Substance Abuse Services: Mental Health Services: | | | (308)455-0844 | |
| Substance Abuse Services: | Outpatient Therapy | | (308)455-0844 | |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy | | (308)455-0844 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | (308)455-0844 (308)293-0954 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Bomberger, Molly | Outpatient Therapy | 1863 | (308)293-0954 | (308)455-1402 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Bomberger, Molly Substance Abuse Services: | Outpatient Therapy Adult Assessment Services Substance Abuse Ev | 1863 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)455-1402 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Bomberger, Molly Substance Abuse Services: | Outpatient Therapy Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C | 1863 5404 Ave I Kearney NB 68847 raluations; Juvenile Assessment Services Substance Abuse Evaluati | (308)293-0954 | (308)455-1402 |

| Name | Agency | Address | Phone | Fax |
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| Bomberger, Molly | Kearney Counseling Associates | 2811 30th Ave. Kearney NB 68845 | (308)237-6865 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Far tient - Co-Occurring Treatment; Juvenile Assessment Serv e Non-Residential Services Outpatient - Individual; Juvenile | ices Substance Abuse Evaluation | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Ha | rm Evaluation | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Ha ient: Juvenile Who Sexually Harm Risk Assessment; Asse | | curring; Assessment: |
| Other Services: | | | | |
| Bomberger, Molly | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)293-0954 | (308)237-5953 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Outpatient - Gro nt - Individual; Adult Non-Residential Services Outpatient - e Assessment Services Substance Abuse Evaluations; Juv ndividual; Juvenile Non-Residential Services Outpatient - C (bio-psychosocial); Co-Occurring; Adults who Sexually Ha | Co-Occurring Treatment; Adult venile Non-Residential Services o-Occurring Treatment | Non-Residential |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |
| Buller, Daniel | Crossroads Center | 702 W 14th St Hastings NB 68901 | (307)921-8657 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Carlson, Nancy | Counseling Toward Hope | 710 Burlington Holdrege NB 68949 | (308)995-6691 | (855)995-6830 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Edunt - Individual; Adult Non-Residential Services Outpatient - | | ervices Outpatient - |
| | Tanniy, Addit Non-Residential Oct Nees Outpatier | in a marriedal, Addit Non-Residential Octviees Outpatient - | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |

| Name | Agency | Address | Phone | Fax |
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| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | 1 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile 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: | | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu rvices Intervention/Education; Juvenile Non-Residential Services dential Services Outpatient - Individual | ual; Juvenile Assessment S | Services Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Non-Treatment: General Education Class; Outpa Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy inc | luding Group Sessions-Me | ental Health; |
| Other Services: | | | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Educatio nt - Individual; Adult Non-Residential Services Outpatient - Co-C e Non-Residential Services Intervention/Education; Juvenile Non ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | Ccurring Treatment; Juver -Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tr | eatment Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Out | | Disorder; Outpatient |
| Other Services: | Therapy - Co-occurring; Assessment: Pre-Treatn | nent Assessment (Medicaid); Assessment: Mental Status Exam | (MSE) | |
| Other Services. | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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; ht - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Re individual; Juvenile Non-Residential Services Outpatient - Co-Occur | urring Treatment; Juver esidential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpat | ient Therapy - Co-occu | ırring; Assessment: |
| Other Services: | - | | | |
| DeJonge, Sherri | The SAFE Center | 620 E. 25th St., Suite 14 Kearney NB 68847 | (308)440-1341 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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 (YV | VSH); Pre-Treatment A | ssessment (bio- |
| | psychosocial); Adults who Sexually Harm Evalua | tion; Psychological Evaluation | | |
| | Outpatient Therapy - Individual-Mental Health: Or | | ent Therapy including | Family Sessions- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid SE); Assessment: Psychological Evaluation; Assessment: Juvenile | l); Assessment: Outpat | ient Psychiatric |
| Juvenile Services: Other Services: | Mental Health; Outpatient Therapy - Youth Who S Evaluation; Assessment: Mental Status Exam (M | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid | l); Assessment: Outpat | ient Psychiatric |
| | Mental Health; Outpatient Therapy - Youth Who S Evaluation; Assessment: Mental Status Exam (M | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid | l); Assessment: Outpat | ient Psychiatric |
| Other Services: Dell, Rodney | Mental Health; Outpatient Therapy - Youth Who S Evaluation; Assessment: Mental Status Exam (M Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ev | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid SE); Assessment: Psychological Evaluation; Assessment: Juvenile 835 S Burlington Ste 115 Hastings NB 68901 raluations; Adult Non-Residential Services Outpatient - Individual; A vices Substance Abuse Evaluations; Juvenile Non-Residential Servi | I); Assessment: Outpat Who Sexually Harm R (402)462-2066 dult Non-Residential S | ient Psychiatric Lisk Assessment (402)462-2045 ervices Intensive |
| Other Services: Dell, Rodney | Mental Health; Outpatient Therapy - Youth Who s Evaluation; Assessment: Mental Status Exam (M Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ev Outpatient Treatment; Juvenile Assessment Serv Residential Services Intensive Outpatient Treatm | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid SE); Assessment: Psychological Evaluation; Assessment: Juvenile 835 S Burlington Ste 115 Hastings NB 68901 raluations; Adult Non-Residential Services Outpatient - Individual; A vices Substance Abuse Evaluations; Juvenile Non-Residential Servi | I); Assessment: Outpat Who Sexually Harm R (402)462-2066 dult Non-Residential S | ient Psychiatric Lisk Assessment (402)462-2045 ervices Intensive |
| Other Services: Dell, Rodney Substance Abuse Services: | Mental Health; Outpatient Therapy - Youth Who S Evaluation; Assessment: Mental Status Exam (M Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ev Outpatient Treatment; Juvenile Assessment Serv Residential Services Intensive Outpatient Treatm Outpatient Therapy | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid SE); Assessment: Psychological Evaluation; Assessment: Juvenile 835 S Burlington Ste 115 Hastings NB 68901 raluations; Adult Non-Residential Services Outpatient - Individual; A vices Substance Abuse Evaluations; Juvenile Non-Residential Servi | I); Assessment: Outpat Who Sexually Harm R (402)462-2066 dult Non-Residential S | ient Psychiatric Lisk Assessment (402)462-2045 ervices Intensive |

| Name | Agency | Address | Phone | Fax |
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| Dunlop, Terry | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Intensive Out essment (Medicaid) | | |
| Other Services: | Sliding Fee Scale; | | | |
| EagleFeather Moreno, | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Intensive Outpatient T | | rices Outpatient - |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Pre-Treat | | | |
| 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 | raluations; 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-Occurring | ring Treatment; Juven idential Services Outp | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | tion | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie Pre-Treatment Assessment (Medicaid); Assessment: Mental Status co-Occurring | | |
| Other Services: | | | | |
| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | |
| 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 Evaluation | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | tion | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent: Co-Occurring | ent Therapy - Co-occu | ring; Assessment: |
| Other Services: | Sliding Fee Scale; | - | | |

| Name | Agency | Address | Phone | Fax |
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| Hensley, Emily | New Hope Psychiatry LLC | 2908 West 39th St Suite B Kearney NB 68845 | (308)237-0391 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Medication Evaluation | | | |
| 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 | 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 | Non-Residential Outpatient - Groups; |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Activity (1997) | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | nt Therapy including | Family Sessions- atment Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Hof, Kiphany | Counseling Care UNK | 2510 11th Ave MSAB 144 Kearney NB 68847 | (308)865-8248 | (308)865-8897 |
| | Adult Non-Residential Services Intervention/Educ Outpatient Therapy; Pre-Treatment Assessment | cation; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial) | | |
| 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; Asses | sment: Juvenile Who |
| Hoyt, David | Dave Hoyt Counseling LLC | 1917 West Faidley Ave Grand Island NB 68803 | (308)627-7061 | |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Outpai Residential Services Outpatient - Family; Juvenile Treatment | 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- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occ | urring |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | • |
| 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; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Outpatient - Groups; Juvenile Non-Resi Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | urring Treatment; Juve dential Services Outpa | nile Assessment tient - Family; Juven |
| Mental Health Services: | | | | |
| | Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpa | tient Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| 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 | (308)234-6604 |
| | Groups; Adult Non-Residential Services Outpatie | • | Juvenile Assessment | Services Substance |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpa nent Assessment (Medicaid); Assessment: Mental Status Exam (M | | |
| 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 | | | |

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| Name | Agency | Address | Phone | Fax |
| 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: | | | | |
| Kelly, Mike | South Central Behavioral Services | 616 W 5th St Hastings, NB 68901 | (402)326-7329 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri co-Occurring | ng Treatment | |
| Juvenile Services: | ,,,,,,,, | | | |
| 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 | ult Non-Residential S | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Koupal, Tamara | Goodwill Industries of Greater Nebraska | 4009 6th Ave Kearney NB 68847 | (308)455-0802 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Krantz, Nicole | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Services treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|--|
| Krejci, Ann | Stephen Center | 5217 S 28th St. Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Partial Ca | aluations; Adult Non-Residential Services Outpatient - Groups; Adult are; Adult Non-Residential Services Outpatient - Individual; Adult Non rices Intensive Outpatient Treatment; Adult Residential Services Dual Services Short Term Residential | Non-Residential Ser Residential Service | vices Outpatient - s Outpatient - Co- |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatien ental Health; Outpatient Therapy including Family Sessions-Mental Healt rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The h; Intensive Outpatie | erapy - Youth Who ent: Intensive |
| 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 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; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | | | | |
| 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; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Robit Non-Residential Services Outpatient - Family; Juvenile Non-Robit Non- | dult Non-Residential vices Intervention/Ed esidential Services (| Services Outpatient - lucation; Juvenile Dutpatient - Individual |
| | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre- sment: Psychological Evaluation; Assessment: Juvenile Who Sexually | t Therapy including Treatment Assessm | Family Sessions- ent (Medicaid); |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | • |
| Mayfield, Liz | Hope Harbor Inc | 615 W 1st Street Grand Island NB 68801 | (308)385-5190 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual 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-Residentia | 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 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; | Family; Adult Non-Re ervices Intensive Ou on; 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie rder: Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| 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 e Assessment Services Substance Abuse Evaluations; Juvenile Non 'amily; Juvenile Non-Residential Services Outpatient - Individual; Juv- ial Services Intensive Outpatient Treatment | ring Treatment; Adult -Residential Services | Non-Residential |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessr | | urring; Intensive |
| Other Services: | Supation. mensive Supation molapy 55 666 | anny, Assessment, The Treatment Assessment (wedicard), Assess | nent. Oo Occurring | |
| Mucklow, Greg | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | (308)237-5953 |
| 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; Adult - 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; Juven es Outpatient - Fami |
| | | | | |

| Juvenile Services: Juvenile Services: Other Services: Substance Abuse Services: Mental Health Services: Other Services: Nickel, Janah Substance Abuse Services: Mental Health Services: Mental Health Services: Other Services: Other Services: Other Services: Other Services: | Mental Health; Outpatient Therapy - Co-occurrir (Medicaid) Sliding Fee Scale; Goodwill Industries of Greater Nebraska | Dutpatient Therapy including Group Sessions-Mental Health; Outpatieng; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | | |
|---|--|---|---------------------|---------------|
| Newman, Rocky 0 Substance Abuse Services: 0 Mental Health Services: 0 Juvenile Services: 0 Other Services: 0 Nickel, Janah 0 Substance Abuse Services: 0 Mental Health Services: 0 Substance Abuse Services: 0 Other Services: 0 Juvenile Services: 0 Juvenile Services: 0 Dlson, Nicole 0 | Mental Health; Outpatient Therapy - Co-occurrir (Medicaid) Sliding Fee Scale; Goodwill Industries of Greater Nebraska Outpatient Therapy | ng; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; 1804 South Eddy PO Box 1863 Grand Island NB 68802- | Assessment: Pre-Tre | |
| Other Services: S Newman, Rocky C Substance Abuse Services: Mental Health Services: Other Services: Other Services: Nickel, Janah C Substance Abuse Services: Mental Health Services: Other Se | Sliding Fee Scale; Goodwill Industries of Greater Nebraska Outpatient Therapy | • | (308)384-7896 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Nickel, Janah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | • | (308)384-7896 | |
| Mental Health Services: Juvenile Services: Other Services: Nickel, Janah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Other Services: | | | | |
| Juvenile Services: Other Services: Nickel, Janah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dison, Nicole | | | | |
| Other Services: Nickel, Janah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: DIson, Nicole | Goodwill Industries of Greater Nebraska | | | |
| Nickel, Janah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Olson, Nicole | Goodwill Industries of Greater Nebraska | | | |
| Substance Abuse Services: Mental Health Services: C Juvenile Services: Other Services: Olson, Nicole | Goodwill Industries of Greater Nebraska | | | |
| Mental Health Services: O Juvenile Services: Other Services: Olson, Nicole | | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)455-1400 | (308)455-1402 |
| Juvenile Services: Other Services: Olson, Nicole | | | | |
| Other Services: | Outpatient Therapy | | | |
| Olson, Nicole C | | | | |
| | | | | |
| Substance Abuse Services: | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)455-0844 | |
| | | | | |
| Mental Health Services: C | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Price-Wells, Cherisa F | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: C | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Riessland, Bryce | | 124 W. 46th Ave. Suite 105 Kearney NB 68848 | (308)440-5294 | (308)388-5545 |
| Ν | | valuations; Adult Non-Residential Services Intervention/Education; A ces Outpatient - Groups; Adult Non-Residential Services Outpatient - avices Outpatient - Co-Occurring Treatment | | |
| | Outpatient - Individual, Aduit Non-Residential Se Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | ······································ | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | - |
| Rivera, Elia | | 312 North Elm Street Suite 105 Grand Island NB 68801 | (308)383-2208 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 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-R Co-Occurring Treatment | dult Non-Residential | Services Outpatient ducation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Outpatient Therapy - Co-occurring | atient Therapy - Individual-Mental Health; Outpatient Therapy includi | ng Group Sessions-N | Mental Health; |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Santiago, Heather | Kearney's Village | 824 E 25th St Kearney NB 68847 | (308)234-2408 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| 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 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 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 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 So | 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 Outpatie 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 ial Services Intensive Outpatient Treatment | ring Treatment; Adult -Residential Services | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| 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 E Individual; Adult Non-Residential Services Outpat | valuations; Adult Non-Residential Services Outpatient - Family; A | Adult Non-Residential Serv | vices Outpatient - |
| Mental Health Services: | | sessment (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: | | | | |
| | | nagement; Pre-Treatment Assessment (bio-psychosocial); Psych | 0 | |
| Juvenile Services: | Therapy - Co-occurring; Assessment: Pre-Treat | Dutpatient Therapy including Family Sessions-Mental Health; Out ment Assessment (Medicaid); Assessment: Mental Status Exam | | |
| Other Services: | Assessment: Juvenile Who Sexually Harm Risk | Assessment | | |
| Other Gervices. | | | | |
| Snyder, Margaret H | Kearney Counseling Associates | 2811 30th Ave. Kearney NB 68845 | (308)237-6865 | |
| | | | () | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Family; A | · · · / | rices Outpatient - |
| | Individual; Adult Non-Residential Services Outpa | | · · · / | rices Outpatient - |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Outpa | | · · · / | rices Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpa | | · · · / | rices Outpatient - |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Outpa | | · · · / | vices Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Outpatient Therapy Outpatient Therapy Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educatior Juvenile Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | 4432 Sunrise Place Columbus NB 68601 valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S r; Juvenile Non-Residential Services Outpatient - Groups; Juveni Individual; Juvenile Non-Residential Services Outpatient - Co-Oct | Adult Non-Residential Serv (402)370-3140 n; Adult Non-Residential S Jul; Adult Non-Residential Services Substance Abuse le Non-Residential Service curring Treatment; Juvenil | Services Outpatient Services Outpatient Evaluations; Juven es Outpatient - Fami e Non-Residential |

| 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 | | Adult Non-Residentia rvices Intervention/Ed Non-Residential Serv | I Services Outpatient - ducation; Juvenile |
| | 1 137 | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | Occurring | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Family Sessions-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: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (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-Residentia | I Services Outpatient |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| 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; <i>i</i> ervices Substance Abuse Evaluations; Juvenile Non-Residential Se ivenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment | Adult Non-Residential rvices Intervention/Ec | Services Outpatient - ducation; Juvenile |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| 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 Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; 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); Co-Occurring | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Co-Occurring | ent Therapy including | Family Sessions- |

| 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 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; | | | |
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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 |
| | 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; A | | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier by-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessme by Harm Risk Assessment | | |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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 rvices 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 |
|---------------------------|---|--|--|---------------------|
| 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 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 | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Assec | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Juvenile Yo osocial); Co-Occurring; Adults who Sexually Harm Evaluation | outh Who Sexually Ha | arm Evaluation |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | | Vho Sexually Harm; |
| Other Services: | Outpatient merapy - Co-occuming, Assessment. | Fre-freatment Assessment (weuldalu), Assessment, wentar Status | | |
| Cochran, Virginia | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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 tt - 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 | ring Treatment; Adult -Residential Services | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | Occurring | |
| Juvenile Services: | | utpatient Therapy - Co-occurring; Community Treatment Aide; Intens | | sive Outpatient |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE ervices; | -) | |
| 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 - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm | nent: Pre-Treatment | Assessment |
| Other Services: | | SE), Assessment. Esychological Evaluation | | |
| 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 Evaluat | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | SH); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); SE); Assessment: Psychological Evaluation; Assessment: Juvenile V | Assessment: Outpat | tient Psychiatric |

| 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 Outpatien 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 | Irring Treatment; Juve sidential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treat | ment Assessment (bic | -psychosocial); Co- |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpat der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatme curring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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-Residential Residential Services Outpatient - Individual; Juver Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; as Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatmen essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co | - Family; Adult Non-Re Services Intensive Ou ation; Juvenile Non-Re Outpatient - Family; J t; Juvenile Non-Reside | esidential Services tpatient Treatment; ssidential Services uvenile Non- |
| | Non-Treatment: Anger Management Class; Non-Tincluding Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individuent Therapy including Family Sessions-Mental Health; Outpatient Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | al-Mental Health; Out | ; Intensive Outpatient |
| 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 Outpatien Outpatient Treatment; Adult Residential Services | | Adult Non-Residentia Abuse Evaluations; J | Services Intensive uvenile Non- |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpat | ent Therapy including | Family Sessions- |

| 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 | gical 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); P | sychological Evaluation | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Assessmer sment: Psychological Evaluation; Assessment: Juvenile Who Sex | nt: Pre-Treatment Asses | sment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | | | | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy | | | |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | 1 13 | General Education Class | | |
| Substance Abuse Services: Mental Health Services: 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 |
| Substance Abuse Services: Mental Health Services: 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 Ex 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 | 200 N 34th PO Box 2315 Norfolk NB 68702 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-Occe | ; Adult Non-Residential al; Adult Non-Residential ervices Substance Abuse Non-Residential Servic | Services Outpatient Services Outpatient Evaluations; Juver es Outpatient - Fam |
| Substance Abuse Services: Mental Health Services: 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 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 | 200 N 34th PO Box 2315 Norfolk NB 68702 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 (bio-psychosocial); Co-Occurring | ; Adult Non-Residential S al; Adult Non-Residential ervices Substance Abuse Non-Residential Servic urring Treatment; Juveni | Services Outpatient Services Outpatien Evaluations; Juver es Outpatient - Fam le Non-Residential |
| Substance Abuse Services: Mental Health Services: 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 Ex 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 Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Intensive Family Preservation; N Individual-Mental Health; Outpatient Therapy inc | 200 N 34th PO Box 2315 Norfolk NB 68702 aluations; Adult Non-Residential Services Intervention/Education ent - 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 (bio-psychosocial); Co-Occurring Ion-Treatment: Anger Management Class; Non-Treatment: Generi luding Group Sessions-Mental Health; Outpatient Therapy includi ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Ir | ; Adult Non-Residential S al; Adult Non-Residential ervices Substance Abuse Non-Residential Servic urring Treatment; Juveni ral Education Class; Out ng Family Sessions-Mer | Services Outpatient Services Outpatien e Evaluations; Juve es Outpatient - Farr le Non-Residential patient Therapy - ttal Health; Outpatie |

| 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 Tre | | |
| 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; Adult Non-Residential Services Outpatient - es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Re | esidential 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 PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | Family Sessions- |
| 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 | raluations; 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 adividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential Se ervices Substance Abuse E e Non-Residential Services | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Pre-Treatment Assessment (Medicaid) | atient Therapy including Fa | mily Sessions- |
| 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; | raluations; 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 adividual; Juvenile Non-Residential Services Outpatient - Co-Occ (bio-psychosocial); Co-Occurring | al; Adult Non-Residential Se ervices Substance Abuse E e Non-Residential Services | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurrin | | |

| 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; 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 | 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 | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu | urring | |
| Other Services: | | | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Assessment: Pre-Treatment Assessment (Medicaid) | uding Group Sessio | ns-Mental Health; |
| Other Services: | Bilingual Services; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (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 | esidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | |
| | Sliding Fee Scale; | | | |

| 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: Other Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatier 'der | nt Therapy including Fa | amily Sessions- |
| 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 | I Evaluation; Assessm | ent: 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; | | | |
| 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; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Family; Juvenile Non-Residential Services Out Treatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ing Treatment; Adult N Residential Services patient - Individual; Juv | on-Residential |
| | Occurring; Adults who Sexually Harm Evaluation | | · · | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr atus Exam (MSE): Assessment: Co-Occurring | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|--|--|---|
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - Ea ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa It Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| 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; | | | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 13 | | | |
| Juvenile Services: Other Services: | Non-Treatment: Intensive Family Preservation | | | |
| 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: | Therapy - Co-occurring; Assessment: Pre-Treatm | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | |
| Other Services: | Assessment: Juvenile Who Sexually Harm Risk A | Assessment | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; Adurt - 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 n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| 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 | valuations; 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 - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpati t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | nt Therapy including ent: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| 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; Adult Non-Residential Services Outpatient - rvices Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment St iducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re ervices Substance Al ivenile Non-Resident | esidential Services buse Evaluations; ial Services Outpati |
| | | | ont Assossment (his | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | | -psychosocial); Co |
| | Occurring Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient Therapy - Individua ient Therapy including Family Sessions-Mental Health; Outpatient Th | I-Mental Health; Out | patient Therapy |

| Name Agency | Address | Phone | Fax |
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| 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: | | raluations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | |
| 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 | raluations; Adult Non-Residential Services Intervention/Education ent - Individual; Adult Non-Residential Services Outpatient - Co-Ou Non-Residential Services Intervention/Education; Juvenile Non-F co-Occurring Treatment | ccurring Treatment; Juve | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment As | sessment (Medicaid); As | sessment: Mental |
| Other Services: | | | | |
| Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | Ū | |
| 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 - Individua iervices Substance Abuse Evaluations; Juvenile Non-Residential uvenile Non-Residential Services Outpatient - Family; Juvenile No co-Occurring Treatment | al; Adult Non-Residential Services Intervention/Ed | Services Outpatien ucation; 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 | ent - Family; Adult Non-Residential Services Outpatient - Individua ervices Substance Abuse Evaluations; Juvenile Non-Residential uvenile Non-Residential Services Outpatient - Family; Juvenile No | al; Adult Non-Residential Services Intervention/Ed on-Residential Services (| Services Outpatien ucation; Juvenile Dutpatient - Individu |
| 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 - Individua ervices Substance Abuse Evaluations; Juvenile Non-Residential uvenile Non-Residential Services Outpatient - Family; Juvenile No co-Occurring Treatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre utpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occ | al; Adult Non-Residential Services Intervention/Ed on-Residential Services (atment Assessment (bio- | Services Outpatien ucation; Juvenile Dutpatient - Individu psychosocial); Co- |

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|--|
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: Mental Health Services: 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: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; A | lult Non-Residential | Services Outpatient - |
| 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/Education; Adult patient - Groups; Adult Non-Residential Services Outpatient - Family - Individual; Adult Non-Residential Services Intensive Outpatient Tre | ; Adult Non-Resider | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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 Outpa | valuations; 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: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Juvenile Yo osocial); Co-Occurring; Adults who Sexually Harm Evaluation | outh Who Sexually H | arm Evaluation |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O Outpatient Therapy - Co-occurring; Assessment: | utpatient Therapy including Family Sessions-Mental Health; Outpatie Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | nt Therapy - Youth V Exam (MSE) | Who Sexually Harm; |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| | Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; 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 | Non-Residential Se ring Treatment; Juve intial Services Outpa | rvices Outpatient - nile Assessment |

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: Juvenile Services: | Crisis Phone Line; Emergency Medical Health Ev | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psy | chosocial); Co-Occurr | ing |
| Other Services: | No Voucher Acceptance; | | | |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Residential; Adult Residential Services Short Ter | valuations; Adult Residential Services Dual Residential (MH/SA); Ad | dult Residential Servic | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| 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; | | | |
| 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 - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assess ISE): Assessment: Psychological Evaluation | sment: Pre-Treatment | Assessment |
| 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 Assepsychosocial); Adults who Sexually Harm Evalua | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YV ation: Psychological Evaluation | VSH); Pre-Treatment | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | uutpatient Therapy including Group Sessions-Mental Health; Outpat Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid ISE); Assessment: Psychological Evaluation; Assessment: Juvenile | d); Assessment: Outpa | tient Psychiatric |
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| Name | Agency | Address | Phone | Fax |
| 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; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpation | ent Therapy - Co-occu | rring; Assessment: |
| Other Services: | | | | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; A ht - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurr idividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | rring Treatment; Juver sidential Services Out | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy in Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | ns-Mental Health; |
| Other Services: | Outpatient merapy - Co-occumity, Assessment. | Fre-meatment Assessment (Medicald), Assessment. Co-Occurring | | |
| Dombrowski, Lydia | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)305-8881 | |
| Substance Abuse Services: | 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: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Groups; Adu | lt Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy: Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Other Dervices. | | | | |
| Earley, Morgan | Morgan Earley LLC | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128 | (402)302-0353 | |
| Earley, Morgan | | | | |
| | Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Se reatment | | |
| Substance Abuse Services: | | ervices Substance Abuse Evaluations; Juvenile Non-Residential Se reatment | | |

| Name | Agency | Address | Phone | Fax |
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| | Assessment (Medicaid) | | • | |
| Other Services: | Sliding Fee Scale; | | | |
| Foxx, Karen | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | | | | |
| 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; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | | Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Eva | luation; Psychological |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie i Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Status Exam (MSE); Assessment; Psychological Status Exam (MSE) | ent: Intensive Outpat Outpatient Therapy | ient Therapy-Mental Co-occurring; |
| 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; 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 Abus n-Residential Servic | - Services Outpatient e Evaluations; Juvenil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | , Assessment, Fre-freatment Assessment (Metucalu), Assessment. | | |

| Name | Agency | Address | Phone | Fax |
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| 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 | 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 | ring Treatment; Juve ential Services Outpa | nile Asses ['] sment tient - Family; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient: Intensive Outpatient Therapy-Co-occu Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessr | | |
| 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 - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 | raluations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res ndividual; 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 patient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Co-occu Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Tre | nt Therapy - Co-occi eatment Assessment | urring; Intensive (Medicaid); |
| 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 Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R io-Occurring Treatment essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | dult Non-Residential vices Intervention/Ec Residential Services (| Services Ou ['] tpatient - lucation; Juvenile Outpatient - Individual; |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: rring | | |

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: | | | | |
| Hernandez, Antonieta | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessme | nt (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Substance Abuse Services: | Adult Residential Services Therapeutic Comm Residential | unity; Juvenile Residential Services Halfway-House or SA Grou | ip Home; Juvenile Residential S | Services Short Te |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | ; Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Ass | essment: Pre-Treatment Assessment (Medicaid); Assessment: | 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) | ; Adults who Sexually Harm Evaluation; Psychological Evaluati | on | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harn Sexually Harm Risk Assessment | m; Assessment: Mental Status Exam (MSE); Assessment: Psyc | chological Evaluation; Assessm | ent: Juvenile Wh |
| 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: | Family; Adult Non-Residential Services Outpat Services Intensive Outpatient Treatment; Juve Intervention/Education; Juvenile Non-Resident | Evaluations; Adult Non-Residential Services Outpatient - Group itent - Individual; Adult Non-Residential Services Outpatient - C nile Assessment Services Substance Abuse Evaluations; Juve ital Services Outpatient - Groups; Juvenile Non-Residential Ser Residential Services Outpatient - Co-Occurring Treatment; Juv | o-Occurring Treatment; Adult N nile Non-Residential Services vices Outpatient - Family; Juver | on-Residential nile Non-Resider |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessme | nt (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurr | Outpatient Therapy including Group Sessions-Mental Health; (ing; Intensive Outpatient: Intensive Outpatient Therapy-Mental ment Assessment (Medicaid); Assessment: Mental Status Exa | Health; Intensive Outpatient: In | tensive Outpatie |
| | Sliding Eoo Scolo: | | | |

Other Services: Sliding Fee Scale;

| 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 |
| 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; 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 ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | 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 |
| Juvenile Services: | Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment | atient - Groups; Juvenile Non-Residential Services Outpatient - Fam Services Outpatient - Co-Occurring Treatment; Juvenile Non-Reside (bio-psychosocial); Co-Occurring apatient: Intensive Outpatient Therapy-Co-occurring | | |
| | | | | |
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| | | valuations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family: Adult Non-Residential Services Partial Ca | valuations; Adult Non-Residential Services Outpatient - Groups; Adul | | rvices Outpatient - |

| Name | Agency | Address | Phone | Fax |
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| Larson, Bridget | | 2730 South 87th Street Omaha NB 68124 | (402)331-8085 | 1 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | Evaluation; Psychological Evaluation | | |
| Juvenile Services: Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Pa | sychological Evaluatio | on |
| Liester, Courtney | Courtney Liester LLC | 7905 L St Suite 410 Omaha NB 68127 | (402)577-0173 | |
| | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | valuations; Adult Non-Residential Services Outpatient - Family; Adult ance Abuse Evaluations; Juvenile Non-Residential Services Outpatie | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Lowery, Angel | All Communities Outreach Services DBA TRAC Reentry Services | 7608 S 25th Street Bellevue NB 68147 | (402)257-1122 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 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 Outpatier Services Intensive Outpatient Treatment; Juvenil | valuations; 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 ial Services Intensive Outpatient Treatment | ring Treatment; Adult n-Residential Services | Non-Residential Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; in | | |
| Other Services: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |

| Name | Agency | Address | Phone | Fax |
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| McCaghy, Peggy | Capstone Behavioral Health | 1941 S. 42nd St. STE 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | Outpatient Therapy: Pre-Treatment Assessment | (his-neuchosocial): Deuchological Evaluation | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| Substance Abuse Services: | 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | ult Non-Residential dult Non-Residential vices Intervention/Ec | Services Outpatient lucation; Juvenile |
| Juvenile Services: | Non-Treatment: General Education Class; Non-T | reatment: Mentoring; Outpatient Therapy - Individual-Mental Health; uding Family Sessions-Mental Health; Assessment: Co-Occurring | Outpatient Therapy i | ncluding Group |
| 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; 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 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Individual; Adu | ult Non-Residential S | Services Intensive |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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 | | |
| | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE); Assessment: Co-Occurring | Co-occurring; Asses | sment: Pre-Treatmer |
| Other Services: | | | | |

| | Agency | Address | Phone | Fax |
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| McNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (402)440-6496 | |
| | Groups; Adult Non-Residential Services Outpatier 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 Bervices 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 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 | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| Mental Health Services: Juvenile Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (| aluations; Adult Non-Residential Services Intervention/Education; Adu as Outpatient - Family; Adult Non-Residential Services Outpatient - In (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)599-2710 | (402)599-2562 |
| | A dult Assessment Original Original Alberta | aluations; Adult Non-Residential Services Intervention/Education; Adu | ult Non Desidential (| |
| | | it - Individual; Adult Non-Residential Services Intervention/Education, Adu | | Services Outpatient - |
| | | t - Individual; Adult Non-Residential Services Intensive Outpatient Tre | | Services Outpatient - |
| | Family; Adult Non-Residential Services Outpatien | t - Individual; Adult Non-Residential Services Intensive Outpatient Tre | | Services Outpatient - |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatien | t - Individual; Adult Non-Residential Services Intensive Outpatient Tre | | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatien | t - Individual; Adult Non-Residential Services Intensive Outpatient Tre | | Services Outpatient - (402)838-7248 |
| Mental Health Services: Juvenile Services: Other Services: Mertes, Courtney Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Outpatient Therapy; Pre-Treatment Assessment (Adult Assessment Services Substance Abuse Eva 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 | tt - Individual; Adult Non-Residential Services Intensive Outpatient Tre (bio-psychosocial); Co-Occurring 268 N. 115th Street, Ste 1 Omaha NB 68154 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 | eatment (402)590-8766 ult Non-Residential dult Non-Residential es Substance Abuse n-Residential Servic | (402)838-7248 Services Outpatient - Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: Juvenile Services: Other Services: Mertes, Courtney Substance Abuse Services: Mental Health Services: | Family; Adult Non-Residential Services Outpatien Outpatient Therapy; Pre-Treatment Assessment (Adult Assessment Services Substance Abuse Eva 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 Outpatient Therapy; Pre-Treatment Assessment (| tt - Individual; Adult Non-Residential Services Intensive Outpatient Tre (bio-psychosocial); Co-Occurring 268 N. 115th Street, Ste 1 Omaha NB 68154 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 | eatment (402)590-8766 ult Non-Residential dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni | (402)838-7248 Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential |

| Name | Agency | Address | Phone | Fax |
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| 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 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; Co-Occurring | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occi | urring; Assessment: |
| 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; 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; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Intensive Outpatient: Intensive Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Group Sessions-Mental Health; Outpatient tpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient: Intensive Outpatient | nt Therapy including atient Therapy-Co-o | Family Sessions- ccurring; Assessment: |
| Other Services: | | | | |
| 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 | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm (bio-psychosocial); Co-Occurring | ing Treatment; Juve ntial Services Outpa | nile Assessment tient - Family; Juvenile |
| | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy - Ea | atina Disorder | |
| Other Services: | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 9 | |
| Nastase, Jill | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | (402)991-3486 |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| 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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| 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: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incle ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Ment | uding Group Session | ns-Mental Health; |
| 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 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: | | | | |
| 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; Adues Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Ko-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Ko-Occurring Treatment; Adult Non-Residential Services - Ko-Occurring Treatment; Adult Non-Residential Services - Ko-Occurring | 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; P | sychological Evalua | tion |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | ogical 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 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; Juve dential Services Out | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |

| Name | Agency | Address | Phone | Fax |
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| 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-T | reatment Assessment (bio-psychosocial); Adults who Sexually H | larm 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 | |
| Mental Health Services: | Outpatient - Individual; Adult Non-Residential Juvenile Assessment Services Substance Abu Care Monitoring SA/MH; Juvenile Non-Reside | rvices Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Reside use Evaluations; Juvenile Non-Residential Services Intervention/ ential Services Outpatient - Groups; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Co-Occurring Treatent ent (bio-psychosocial) | ential Services Intensive Ou Education; Juvenile Non-Re rvices Outpatient - Family; J | tpatient Treatment; sidential Services uvenile Non- |
| | Outpatient Therapy - Individual-Mental Health | ; Outpatient Therapy including Family Sessions-Mental Health; A | ssessment: Pre-Treatment | Assessment |
| Other Services: | (Medicaid) Sliding Fee Scale; | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | | ; Outpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (|
| Rynearson, Claire | | | (102)001 0021 | (402)455-7050 |
| | Adult Assessment Services Substance Abuse | Evaluations; Adult Residential Services Therapeutic Community | () | · / |
| Substance Abuse Services: | | Evaluations; Adult Residential Services Therapeutic Community | () | · / |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Evaluations Pre-Treatment Assessment (bio-psychosocial | Evaluations; Adult Residential Services Therapeutic Community | ; Juvenile Assessment Serv | · / |

| Name | Agency | Address | Phone | Fax |
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| 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 ant - 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 es Substance Abuse n-Residential Service | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | 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 | |
| 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 | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | urring; Assessment: |
| 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 | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Other Services. | Sliding Fee Scale, | | | |
| Schnieder, Brian | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (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 | 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 Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services O enile Non-Residential Services Outpatient - Co-Occurring Treatment; | amily; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re utpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outp | patient Therapy-Co-c | occurring |
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| Name | Agency | Address | Phone | Fax |
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| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | outpatient Therapy including Group Sessions-Mental Health; Ou | Itpatient Therapy including Fa | amily Sessions- |
| 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 Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Educati nt - Individual; Adult Non-Residential Services Outpatient - Co- e Non-Residential Services Intervention/Education; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-O | Occurring Treatment; Juvenil n-Residential Services Outpa | e Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-T | reatment Assessment (bio-p | sychosocial); Co- |
| Juvenile Services: | | outpatient Therapy including Family Sessions-Mental Health; Outpatient Co-Occurring | utpatient Therapy - Co-occurr | ring; Assessment: |
| Other Services: | | | | |
| 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 Ev | aluations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; A | ssessment: Co-Occurring | | |
| Other Services: | | | | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation | | | |
| 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/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 | dual; Adult Non-Residential S Services Substance Abuse I nile Non-Residential Services | ervices Outpatient Evaluations; Juvenil Outpatient - Family |

| Name | Agency | Address | Phone | Fax |
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| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Assessment: Pre-Treatment Assessment (Medicaid) | tient Therapy including Fa | amily Sessions- |
| 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: | | valuations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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: | | valuations; Adult Non-Residential Services Outpatient - Groups; Ad | | ces Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; Adult Non-Residential Services Outpatient - Co-Oco (bio-psychosocial): Co-Occurring | curring Treatment | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Taylor, Nathaniel | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)450-8645 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; ent - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Taylor, Nathaniel | Integrated Behavioral Health Services | 2615 "O" street, Suite 4 Lincoln NB 68510 | (402)450-8645 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adult | Non-Residential Ser | rvices Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpa Outpatient Therapy; Co-Occurring | tient - Co-Occurring Treatment | | |
| Juvenile Services: | | | | |
| 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 | 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); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE); Assessment: Co-Oc | utpatient Therapy including Group Sessions-Mental Health; Outpatier rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | nt Therapy including Assessment (Medica | Family Sessions- aid); Assessment: |
| Other Services: | Hearing Impaired; Bilingual Services; | 5 | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services E Residential Services Short Term Residential; Juvenile Assessment S iducation; Juvenile Non-Residential Services Outpatient - Groups; Juv 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; ial Services Outpatien |
| Mental Health Services: | 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 |
| 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; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad 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 - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr atus Exam (MSE); Assessment: 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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| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Wells, Amanda | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5449 | |
| Substance Abuse Services: | | aluations; Adult Residential Services Dual Residential (MH/SA); Adu | ult Residential Service | es Extended |
| Mental Health Services: | Residential; Adult Residential Services Short Ter 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: Mental Health Services: Juvenile Services: | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | raluations; Adult Non-Residential Services Outpatient - Groups; Adu Ince Abuse Evaluations; Juvenile Non-Residential Services Outpatie | | |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 3924 N 90th St Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e 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 - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpation nent: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| 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 Asse psychosocial); Adults who Sexually Harm Evalua | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW tion: Psychological Evaluation | SH); Pre-Treatment / | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatiens Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Isment: Psychological Evaluation; Assessment: Juvenile Who Sexual | Pre-Treatment Asses | sment (Medicaid); |
| Other Services: | | | | |

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 - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatmen | | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | tpatient Therapy, FIE-Treatment Assessment (bio-psychosocial), Co-occurring tpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring | | | | |
| Other Services: | | | | | | |

| Name | Δαορογ | Address | Phone | Fax |
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| INAILIE | Agency | Address | FIIOIle | Γαλ |
| 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 Services Intensive Outpatient Treatment; Adult Residential Services D | ult 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 Outpatient - Individual; Juvenile Non-Resolution 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-Occurri esidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juver vices Outpatient - Groups; Juvenile Non-Residential Services Outpati esidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor | on-Residential Servi ng Treatment; Adul ces Short Term Res ile Non-Residential ent - Family; Juveni | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy including Family Sessions-Me Intensive Outpatient Therapy-Mental Health; Inter (Medicaid); Assessment: Co-Occurring | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess | y - Co-occurring; In | tensive 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 | I Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Co-occurring; Assessment: | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Pre-Treatment Assessment (Medicaid) | Joing Family Sessio | ons-iviental Health; |
| Other Services: | | | | |

| 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 | raluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju rvices Intervention/Education; Juvenile Non-Residential Services Outp dential Services Outpatient - Individual | uvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy - Eating D | visorder; Assessment: |
| 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier by-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessme | | |
| Other Services: | Exam (MSE), Assessment. Juvenile Who Sexual | iy nami kisk Assessment | | |
| | | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Cattau, Jeanne Substance Abuse Services: | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | Apex Therapy Service Outpatient Therapy; Pre-Treatment Assessment | | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the conten | | nt Therapy - Eating [| Disorder; Intensive |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the conten | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Eating [| Disorder; Intensive |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Mental | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Eating [| Disorder; Intensive |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Cochran, Virginia | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenilo | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess 917 W 21st St PO Box 355 South Sioux City NB 69887 raluations; Adult Non-Residential Services Outpatient - Groups; Adult not - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juve | nt Therapy - Eating I ment: Mental Status (402)494-3337 Non-Residential Ser ing Treatment; Adult Residential Services | Disorder; Intensive Exam (MSE) vices Outpatient - Non-Residential |

| 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 Nor ups; Adult Non-Residential Services Outpatient - Family; Adul Occurring Treatment; Adult Non-Residential Services Intensive ervices Substance Abuse Evaluations; Juvenile Non-Resident ile Non-Residential Services Outpatient - Family; Juvenile Non- Co-Occurring Treatment; Juvenile Non-Residential Services In | t Non-Residential Services Out e Outpatient Treatment; Adult ial Services Intervention/Educa n-Residential Services Outpatio | tpatient - Individual; Residential Services ation; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; C g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu | | |
| 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 | | ridual; Adult Non-Residential S stance Abuse Evaluations; Juv | ervices Intensive enile Non- |
| | | utpatient Therapy including Group Sessions-Mental Health; C g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu | | |
| 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 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult 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; Juven individual; Juvenile Non-Residential Services Outpatient - Co- | ridual; Adult Non-Residential S nt Services Substance Abuse E enile Non-Residential Services | ervices Outpatient - Evaluations; Juvenile 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

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| Name | Agency | Address | Phone | Fax |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy inclu | on-Treatment: Anger Management Class; Non-Treatment: General E uding Group Sessions-Mental Health; Outpatient Therapy including F nsive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensi id): Assessment: Co-Occurring | amily Sessions-Mer | ntal Health; Outpatier |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatie | Dut-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental Hoy including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien id); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | iting Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| 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: | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivi ent Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy |
| 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: | Supervised Visitation; Non-Treatment: Day Report Education Class; Outpatient Therapy - Individual- Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | atment: Tracker (Except Douglas County); Non-Treatment: Intensive ting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Mar Mental Health; Outpatient Therapy including Group Sessions-Mental py - Eating Disorder; Community Treatment Aide; Intensive Outpatie - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | hagement Class; No Health; Outpatient nt: Intensive Outpati -Co-occurring; Asse | n-Treatment: Genera Therapy including ent Therapy-Mental essment: Pre- |
| Other Services: | Bilingual Services | | | |

Other Services: Bilingual 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: | | 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: | | | | |
| 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-Resi | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ult Non-Residential Services Outpatient - Individual; Adult Non-Reside sive Outpatient Treatment; Adult Residential Services Short Term Re idential Services Outpatient - Groups; Juvenile Non-Residential Servi nile Non-Residential Services Outpatient - Co-Occurring Treatment; | lential Services Out sidential; Juvenile A ices Outpatient - Fa | batient - Co-Occurring ssessment Services mily; Juvenile Non- |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A SE); Assessment: Psychological Evaluation; Assessment: Co-Occurr | ssessment: Pre-Tre | |
| Other Services: | Sliding Fee Scale; | ,,, | 5 | |
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | | |
| 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/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-Residentia es Substance Abus n-Residential Servic | l Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| 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 | venile Assessment | Services Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: Other Services: | Non-Treatment: Family Support Worker; Assessn | nent: Pre-Treatment Assessment (Medicaid) | | |
| 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; 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 Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| 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; Ad 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 venile Non-Residenti | sidential Services ouse Evaluations; al Services Outpatien |
| Juvenile Services: | Occurring Non-Treatment: Anger Management Class; Non- | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmet Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Co-Occurring | Mental Health; Outp | atient Therapy |

| Name | Agency | Address | Phone | Fax |
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| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | 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 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 Abuse lon-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; SE): Assessment: Co-Occurring | | |
| 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 | (200)204 0707 | |
| | | HOT West 1st Offeet Ogaliala IND 05155 | (308)284-6767 | |
| | 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 ent - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- co-Occurring Treatment | dult Non-Residential S Adult Non-Residential ervices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| 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 Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- co-Occurring Treatment | dult Non-Residential \$ Adult Non-Residential ervices Intervention/Ed Residential Services (ent Therapy including | Services Outpatient - lucation; Juvenile Dutpatient - Individual Family Sessions- |
| Mental Health Services: 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 - Individual-Mental Health; Outpatient Therapy | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; iervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- co-Occurring Treatment (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatient | dult Non-Residential \$ Adult Non-Residential ervices Intervention/Ed Residential Services (ent Therapy including | Services Outpatient - lucation; Juvenile Dutpatient - Individual Family Sessions- |
| Mental Health Services: 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 - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Co-Occurring | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; iervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- co-Occurring Treatment (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatient | dult Non-Residential \$ Adult Non-Residential ervices Intervention/Ed Residential Services (ent Therapy including | Services Outpatient - lucation; Juvenile Dutpatient - Individual; Family Sessions- |
| Mental Health Services: 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 of Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Co-Occurring 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 - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; A ant - Family; Adult Non-Residential Services Outpatient - Individual; Jervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Therapy including Group Sessions-Mental Health; Outpatier; Assessment: Pre-Treatment Assessment (Medicaid); Assessment 4432 Sunrise Place Columbus NB 68601 raluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring; Juvenil | dult Non-Residential S Adult Non-Residential rvices Intervention/Ed ent Therapy including t: Mental Status Exam (402)370-3140 dult Non-Residential Adult Non-Residential ices Substance Abuse Ion-Residential Servic | Services Outpatient - lucation; Juvenile Outpatient - Individual Family Sessions- (MSE); Assessment: Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: 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 Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Co-Occurring 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 Outpatient - In Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | raluations; Adult Non-Residential Services Intervention/Education; A ant - Family; Adult Non-Residential Services Outpatient - Individual; Jervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Therapy including Group Sessions-Mental Health; Outpatier; Assessment: Pre-Treatment Assessment (Medicaid); Assessment 4432 Sunrise Place Columbus NB 68601 raluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring; Juvenil | dult Non-Residential S Adult Non-Residential rvices Intervention/Ed ent Therapy including t: Mental Status Exam (402)370-3140 dult Non-Residential ices Substance Abuse lon-Residential Servic ing Treatment; Juveni | Services Outpatient Jucation; Juvenile Outpatient - Individual Family Sessions- (MSE); Assessment: Services Outpatient - Services Outpatient e Evaluations; Juvenil es Outpatient - Family le Non-Residential |

| 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 | | |
| | Individual; Adult Non-Residential Services Intensiv Residential Services Outpatient - Groups; Juvenile | 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 | | | | |
| | utpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth /ho Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; ssessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: 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; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services | dult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Sliding Fee Scale; | | | |
| | Silding ree Stale, | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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 - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | 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; | | | |
| 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 - es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S ducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Juvenile Non-Residential Services Intensive Outpatient Treatment | Family; Adult Non-Re ervices Intensive Ou I; Juvenile Non-Resid | esidential Services tpatient Treatment; dential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; q | | |
| Other Services: | Sliding Fee Scale; | 9 | | |
| Dunlop, Terry | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | including Group Sessions-Mental Health; Outpati Mental Health; Assessment: Pre-Treatment Asse | Treatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Intensive Out ssment (Medicaid) | l-Mental Health; Outp patient: Intensive Ou | batient Therapy tpatient Therapy- |
| 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 |
|---------------------------|--|--|---|--|
| 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 | valuations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Irvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Non-Residential Services Care Monitoring SA/MHervices Outpatient - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Res | Family; Adult Non-Re ervices Substance Ab I; Juvenile Non-Resic | sidential Services buse Evaluations; lential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | (Dio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Thoropy including | Family Sassions |
| Suverille Services. | Mental Health; Outpatient Therapy - Eating Disor | | In Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S e Evaluations; Juvenile Non-Residential Services Intervention/Educat al Services Outpatient - Groups; Juvenile Non-Residential Services C enile Non-Residential Services Outpatient - Co-Occurring Treatment; essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | Family; Adult Non-Re ervices Intensive Out ion; Juvenile Non-Re Dutpatient - Family; Ju Juvenile Non-Reside | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individua ient Therapy including Family Sessions-Mental Health; Outpatient Th rreatment Day Treatment-Mental Health; Assessment: Pre-Treatment | erapy - Co-occurring | ; Intensive Outpatien |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - Ex- ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpant Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| | | | | |

Other Services:

| 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 Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivient Therapy - Indivient Therapy - Eating Disorder; Assessment: Pre-Treatment Assess | | Outpatient Therapy |
| Other Services: | | | | |
| Obermeyer, Ashley | Pathways to Wellness LLC | 32518 W Pioneer School Rd Merriman NB 69218 | (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; Adul nt - Individual | t Non-Residential Sei | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health | ng Group Sessions-N | Iental Health; |
| 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: | | raluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | | atment 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 | |
| | 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 Nor- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| | | | | |

| 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 Inten Residential Services Outpatient - Groups; Juver | valuations; Adult Non-Residential Services Outpatient - Groups; Adult sive Outpatient Treatment; Juvenile Assessment Services Substance nile Non-Residential Services Outpatient - Individual t (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | Dutpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment: Assessment: Co-Occurring | ent: Intensive Outpat | ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| | Non-Treatment: Anger Management Class; Out | patient Therapy - Individual-Mental Health; Outpatient Therapy includir Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap | | |
| Other Services: | Sliding Fee Scale; | J | | |

| 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 | 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 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-Resi ervices Intensive Outpa ; Juvenile Non-Reside | dential Services atient Treatment; ntial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I g | | |
| 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) | | |
| | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inclental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | | |
| 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 | | |
| | Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Day Treatment Da ent: Mental Status Exam (MSE) | ng Group Sessions-Me ay Treatment-Mental F | ental Health; lealth; Assessment |
| 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; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Peralta, Nichole | Karuna Counseling Inc | PO Box 508 Sidney NB 69162 | (308)249-7853 | (308)365-5122 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Intervention/Education; Ac tient - Co-Occurring Treatment | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser reatment | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Mana Outpatient Therapy including Group Sessions-Me | eatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm gement Class; Non-Treatment: General Education Class; Outpatient ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid | Therapy - Individual ealth; Outpatient The | Mental Health; 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 S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | 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 No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | dult Non-Residential ces Substance Abus n-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| 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; 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 - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); J | nt Therapy including ent: Intensive Outpat | Family Sessions- ient Therapy-Youth |

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 |
|---------------------------|--|--|--|---|
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Group nt - Individual; Adult Non-Residential Services Outpatient - Co | | vices Outpatient - |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; C Sexually Harm; Outpatient Therapy - Co-occurring; Assessme sment: Juvenile Who Sexually Harm Risk Assessment; Asses | ent: Pre-Treatment Assessm | |
| Other Services: | | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| | | aluations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv (bio-psychosocial) | | Services Outpatient - |
| | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - In ent Therapy including Family Sessions-Mental Health; Outpatient Assessment (Medicaid); Assessment: Co-Occurring | dividual-Mental Health; Outp tient Therapy - Eating Disorc | atient Therapy ler; Outpatient |
| 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 - Indivic rices Substance Abuse Evaluations; Juvenile Non-Residentia | | |
| Mental Health Services: | | Git | | |
| 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/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessmer ; Juvenile Non-Residential Services Outpatient - Groups; Juven idividual; Juvenile Non-Residential Services Outpatient - Co-(| idual; Adult Non-Residential ht Services Substance Abuse enile Non-Residential Service | Services Outpatient Evaluations; Juvenil |
| | | | | |
| Mental Health Services: | | | | |

| 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 | 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: | | | | |
| 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: | Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental Horder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessm sment: Juvenile Who Sexually Harm Risk Assessment | lealth; Outpatient Th Ith; Intensive Outpati | erapy - Youth Who ent: Intensive |
| 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 Ex | valuations; Juvenile Assessment Services Substance Abuse Evaluati | ons | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmeter | ent Assessment (bio | -psychosocial); Co- |
| | Non-Treatment: Intensive Family Preservation; N including Family Sessions-Mental Health; Outpar (Medicaid); Assessment: Mental Status Exam (M | Non-Treatment: Supervised Visitation; Outpatient Therapy - Individua tient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; A ISE); Assessment: Co-Occurring | I-Mental Health; Outp ssessment: Pre-Trea | atient Therapy atment Assessment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Springer, Jo | Spouse Abuse Sexual Assault Crisis Center, Inc | 220 S Burlington, Suite 4 Hastings NB 68901 | (402)463-5810 | |
| 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 | raluations; Adult Non-Residential Services Intervention/Education; A ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N adividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential S ices Substance Abuse on-Residential Services | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including F | amily Sessions- |
| 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; 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; Ju | venile Non- |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ent Therapy including F ient: Intensive Outpatie | amily Sessions- nt Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |
| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Group Services Intensive Outpatient Treatment | s; Juvenile Non-Reside | ntial Services |
| Mental Health Services: | • | | | |
| 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 | | |
|---------------------------|---|---|------------------|---------------|--|--|
| 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 | Adult Assessment Services Substance Abuse Evaluations; 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: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Outpatient Psychiatric E | patient Therapy, Medication Evaluation, Suvenile Pre-Treatment Assessment (PTA), Pre-Treatment Assessment (bio-psychosocial) patient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment dicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Medication Management | | | | |

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 |
|--|--|---|---|--|
| 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 | | |
| 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 | al; Adult Non-Residential Services Intervention/Edu | Services Outpatient ucation; Juvenile |
| Juvenile Services: Other Services: | Non-Treatment: Intensive Family Preservation; C Outpatient Therapy - Co-occurring; Assessment: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Pre-Treatment Assessment (Medicaid) | including Family Sessior | ns-Mental Health; |
| 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; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | al; Adult Non-Residential Services Intervention/Edu on-Residential Services C | Services Outpatient ucation; Juvenile |
| Juvenile Services: Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-C | Dccurring | |
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outp Health; Assessment: Pre-Treatment Assessment (Medicaid); Ass | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclu | uding Group Sessior | ns-Mental Health; |
| Other Convinces | | ental Health; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Bilingual Services; | | | |
| Cornwell, Shelli | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment; Adult Non- Juvenile Assessment Services Substance Abuse | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - Ir Residential Services Intensive Outpatient Treatment; Adult Residentia Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient | ndividual; Adult Non- al Services Short Ter on; Juvenile Non-Res | Residential Services m Residential; sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | irring; Assessment: |
| Other Services: | Co-Occurring 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 - Individual-Mental Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpatien der | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| 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; 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: | 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 - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment / curring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| 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 | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psycholog | jical Evaluation; Assess | sment: 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 Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Ps | ychological Evaluation | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpai Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment sment: Psychological Evaluation; Assessment: Juvenile Who Sexu | : Pre-Treatment Asses | sment (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 | | | |
| | 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 - 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 Abuse Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| luvenile Services | | Ion-Treatment: Anger Management Class; Non-Treatment: Genera | | |
| | | luding Group Sessions-Mental Health; Outpatient Therapy includin ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Int aid); Assessment: Co-Occurring | | |

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| 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: | | | | |
| | 1 137 | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivi ient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy |
| 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 (| | | |
| | Supervised Visitation; Non-Treatment: Day Report Education Class; Outpatient Therapy - Individual- Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | atment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Mar Mental Health; Outpatient Therapy including Group Sessions-Mental apy - Eating Disorder; Community Treatment Aide; Intensive Outpatient - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracte | agement Class; Nor Health; Outpatient T nt: Intensive Outpatie -Co-occurring; Asses | n-Treatment: Genera Therapy including ent Therapy-Mental ssment: Pre- |
| Other Services: | Bilingual 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 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: | | | | |
| 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-Residential dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | ent: Pre-Treatment / | Assessment |
| Other Services: | Sliding Fee Scale; | | | |

| 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-Residentia | aluations; Adult Non-Residential Services Intervention/Education; A so Outpatient - Groups; Adult Non-Residential Services Outpatient + vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educa Il Services Outpatient - Groups; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatmen | - Family; Adult Non-Re Services Intensive Ou ation; Juvenile Non-Re 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 - Individual-Mental Health; Ou (Medicaid) | tpatient Therapy including Family Sessions-Mental Health; Assess | sment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy including | Family Sessions- |
| 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); Psycholo | gical Evaluation | |
| Juvenile Services: | | Itpatient Therapy including Family Sessions-Mental Health; Outpat ent Assessment (Medicaid); Assessment: Mental Status Exam (MS sessment | | |
| Other Services: | | | | |

| 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 |
| | 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; Adu 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-Re o-Occurring Treatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | dult Non-Residential rices Intervention/Ec esidential Services (| Services Outpatient - lucation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclu Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occur tus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk Ass | ring; Assessment: P | |
| 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 (bio-psychosocial) | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien); Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| 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 A le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | t Therapy including nt: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax | | |
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| 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 Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Care onitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services utpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; uvenile Non-Residential Services Intervention/Education; 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 | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | o-psychosocial); Co- | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | -Treatment: General Education Class; Outpatient Therapy - Individua ient Therapy including Family Sessions-Mental Health; Outpatient Th : 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 ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Adult Residential Serv | ual; 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 |
| 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 | ssessment Services Substance Abuse Evaluations; Adult Non-F SA/MH; Adult Non-Residential Services Outpatient - Groups; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-C tesidential Services Dual Residential (MH/SA); Adult Residentia ons; Juvenile Non-Residential Services Intervention/Education; vices Outpatient - Groups; Juvenile Non-Residential Services O esidential Services Outpatient - Co-Occurring Treatment; Juveni | dult Non-Residential Service Occurring Treatment; Adult I Services Short Term Res Juvenile Non-Residential Putpatient - Family; Juvenil | ces Outpatient - Non-Residential idential; Juvenile Services Care e Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy ir ental Health; Outpatient Therapy - Eating Disorder; Outpatient T nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | herapy - Co-occurring; Int | ensive 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 | |
| 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 - Individu ervices Substance Abuse Evaluations; Juvenile Non-Residentia uvenile Non-Residential Services Outpatient - Family; Juvenile No- co-Occurring Treatment | ual; Adult Non-Residential al Services Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Co-occurring; Assessment: | Outpatient Therapy - Individual-Mental Health; Outpatient Therap | y including Family Sessio | ns-Mental Health; |

| Neme | A | Address | Dhana | Fey |
|---------------------------|--|--|-----------------------|----------------------|
| Name | Agency | Address | Phone | Fax |
| 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 | uvenile Assessment | Services Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy - Eating D | Disorder; Assessment |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult it - Individual; Adult Non-Residential Services Outpatient - Co-Occurri | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier y-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessme y Harm Risk Assessment | | |
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| 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: | Non-Treatment: Family Support Worker; Commu | nity Treatment Aide | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 | | | |
| 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: Other Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatie rder | nt Therapy including | Family Sessions- |
| 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-Resid ups; Adult Non-Residential Services Outpatient - Family; Adult Non-F Occurring Treatment; Adult Non-Residential Services Intensive Outpa ervices Substance Abuse Evaluations; Juvenile Non-Residential Services ile Non-Residential Services Outpatient - Family; Juvenile Non-Resic Co-Occurring Treatment; Juvenile Non-Residential Services Intensive | esidential Services C atient Treatment; Adu ices Intervention/Edu ential Services Outpa | Outpatient - Individual It Residential Service Ication; Juvenile Non atient - Individual; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-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/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ring Treatment; Juver idential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatie rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | <u> </u> | | |

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 |
|---------------------------|---|--|--|---------------------------------|
| 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 | | ividual; Adult Non-Residential Se ostance Abuse Evaluations; Juve | ervices Intensive enile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ | | |
| 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 | ion | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psy | chological Evaluation; Assessm | ent: Juvenile Wh |
| 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 Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosoci | ial); Psychological Evaluation | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Sexually Harm; Outpatient Therapy - Eating Disorder; Asses sment: Psychological Evaluation; Assessment: Juvenile Who | sment: Pre-Treatment Assessm | ent (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: | | | |

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; | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - 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); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: Other Services: | Individual-Mental Health; Outpatient Therapy inclu | on-Treatment: Anger Management Class; Non-Treatment: General E uding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensi aid); Assessment: Co-Occurring | amily Sessions-Mer | tal Health; Outpatient |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Therap occurring; Intensive Outpatient: Intensive Outpatie | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ting Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| 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: | | | | |
| | Non-Treatment: Intensive Family Preservation; No | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) on-Treatment: Anger Management Class; Outpatient Therapy - Indivi ent Therapy - Eating Disorder: Assessment: Pre-Treatment Assessm | | Outpatient Therapy |
| 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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| 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 | aluations; Adult Non-Residential Services Intervention/Education; ht - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Re idividual; Juvenile Non-Residential Services Outpatient - Co-Occur | urring Treatment; Juve esidential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assess SE) | sment: Pre-Treatment | Assessment |
| 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 |
| | 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-Resi lult Non-Residential Services Outpatient - Individual; Adult Non-Resi sive Outpatient Treatment; Adult Residential Services Short Term R sidential Services Outpatient - Groups; Juvenile Non-Residential Se nile Non-Residential Services Outpatient - Co-Occurring Treatmen (bio-psychosocial); Co-Occurring; Psychological Evaluation | sidential Services Ou ['] tr Residential; Juvenile A rvices Outpatient - Fa | batient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; SE); Assessment: Psychological Evaluation; Assessment: Co-Occu | Assessment: Pre-Tre | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpati | ient Therapy including | Family Sessions- |
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient Assessment (Medicaid); Assessment: Mental Status Exam (MSE issessment | | |
| 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 Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ec Residential Services (| Services Ou ['] tpatient - lucation; Juvenile Dutpatient - Individual; |
| 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: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess | py - Co-occurring; In | tensive 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; | 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 - Evaluations; Juveniles Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Group Sessions-Mental Health; Outpatier (: Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave 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 Out | uvenile Assessment | Services Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Assessn | nent: Pre-Treatment Assessment (Medicaid) | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Turner-Beardslee, Nicole | Nicole Turner Beardslee Counseling | 221 E Grant St Wes Point NB 68788 | (402)649-6208 | (888)861-8730 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Ad tient - Co-Occurring Treatment; Juvenile Assessment Services Subst enile Non-Residential Services Outpatient - Individual; Juvenile Non-F | ance Abuse Evaluation | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | irring |
| 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; 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 Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| 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; 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-Res rvices Substance Ab venile Non-Residentia | sidential Services use Evaluations; al Services Outpatient |
| | Occurring Non-Treatment: Anger Management Class; Non- | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The | Mental Health; Outpa | atient Therapy |
| Other Services: | Treatment Assessment (Medicaid); Assessment: Sliding Fee Scale; | 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 |
|---------------------------|--------------------------------|---|---------------|---------------|
| 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 Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment Assessment (biopsychosocial); Adults who Sexually Harm Evaluation

Juvenile Services: Non-Treatment: Intensive Family Preservation; Outpatient Therapy - Individual-Mental Health; 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

Other Services: Sliding Fee Scale; Hearing Impaired;

| 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 Abuse Ev | aluations | |
| | | Co-Occurring; Adults who Sexually Harm Evaluation | | |
| Juvenile Services: Other Services: | | | | |
| Other Services. | | | | |
| 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 - Individual-Mental Health; C | Dutpatient Therapy including Family Sessions-Mental Health; Ou | tpatient Therapy - Eating | Disorder |
| Other Services: | Sliding Fee Scale; | | | |
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | Evaluations; Adult Non-Residential Services Intervention/Education ient - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment n; Juvenile Non-Residential Services Outpatient - Groups; Juven Individual; Juvenile Non-Residential Services Outpatient - Co-Oct t (his psychosocial); Co Occurring | ual; Adult Non-Residential Services Substance Abus ile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Dutpatient Therapy including Group Sessions-Mental Health; Oung; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr | | |
| Other Ocrylees. | Silding ree Scale, rearing impared, | | | |
| Dunlop, Terry | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | including Group Sessions-Mental Health; Outpa Mental Health; Assessment: Pre-Treatment Ass | n-Treatment: General Education Class; Outpatient Therapy - Indi tient Therapy including Family Sessions-Mental Health; Intensive essment (Medicaid) | | |
| 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 |
|---------------------------|---|---|---|---|
| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; Ad tient - Co-Occurring Treatment; Juvenile Assessment Services Su e Non-Residential Services Outpatient - Individual; Juvenile Non-F | Ibstance Abuse Evaluatior | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eval | uation | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatient: Co-Occurring | atient Therapy - Co-occurr | ing; Assessment: |
| 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: | | atient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Outpatient Therapy - Eating Disorder; Day Treatmen | | |
| 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 | valuations; 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 Care Monitoring SA/ ervices Outpatient - Family; Juvenile Non-Residential Services Ou (bio-psychosocial) | t - Family; Adult Non-Resi Services Substance Abus MH; Juvenile Non-Resider | dential Services se Evaluations; ntial Services |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpa | tient Therapy including Fa | amily Sessions- |
| 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;

| Name | Agency | Address | Phone | Fax |
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| | | | | |
| 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 | ult Non-Residential | Services 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 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; | amily; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re utpatient - Family; J | esidential Services tpatient Treatment; ssidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental I py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- no Sexually Harm; |
| Other Services: | | | | |
| Olson, Elissa | | 1367 33rd Ave Columbus NB 68601 | (402)942-1679 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | The second state basel | Family Carsis |
| Juvenile Services: | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensiv Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ tus Exam (MSE); Assessment: Co-Occurring | e Outpatient Therap | by-Mental Health; |
| Other Services: | | · · · · | | |

| Name | Agency | Address | Phone | Fax |
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| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 19 | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-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 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; Adservices 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) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | , Assessment. Fie-fieathent Assessment (wedicald) | | |
| 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 Evaluati | Abuse Evaluations; | luvenile Non- |
| | 1 197 | utpatient Therapy including Group Sessions-Mental Health: Outpatier | , , , | |
| | Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | nt: Intensive Outpat | ent Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | 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 Outpatie | 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 1; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N tient - Individual essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | dult Non-Residential /ices Intervention/Ed on-Residential Servi | Services Outpatient lucation; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health | | |

| Name | Agency | Address | Phone | Fax |
|---------------------|---|--|--------------------------|--|
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial); Co-Occurring | | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy inc ental Health; Outpatient Therapy - Eating Disorder; Outpatient Th Co-Occurring | | |
| Young, Sandra | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)221-6902 | (308)221-6904 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc e Assessment Services Substance Abuse Evaluations; Juvenile N amily; Juvenile Non-Residential Services Outpatient - Individual; (bio-psychosocial); Co-Occurring | curring Treatment; Adult | t Non-Residential s Outpatient - Groups |
| | | utpatient Therapy including Family Sessions-Mental Health; Asse | essment: Pre-Treatment | Assessment |
| 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 |
|---|--|---|-------------------------|--------------------|
| 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 Outpa | Evaluations; Adult Non-Residential Services Intervention/Education; itient - Family; Adult Non-Residential Services Outpatient - Individual al Services Intensive Outpatient Treatment; Adult Residential Service | Adult Non-Residential | Services Outpatien |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessme | nt (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 Assessme | nt (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; Outpa rapy-Youth Who Sexually Harm; Assessment: Pre-Treatment Assess July Harm Risk Assessment | | |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Serv | Evaluations; Adult Non-Residential Services Intervention/Education; vices Outpatient - Groups; Adult Non-Residential Services Outpatient Services Outpatient - Co-Occurring Treatment; Adult Non-Residential | - Family; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessme | nt (bio-psychosocial); Co-Occurring | | |
| | Sliding Fee Scale; Bilingual Services; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (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 PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Family; Adult Non-Residential Services Outpat | Evaluations; Adult Non-Residential Services Outpatient - Groups; Ad | ult Non-Residential Ser | vices Outpatient - |

Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential 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 Outpatient - Co-Occurring Treatment; Juvenile Services Outpatient - Co-Occurring Treatment; Adult 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; Juvenile Non-Residential Services Intensive

| Name | Agency | Add | dress | Phone | Fax |
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| | Outpatient Treatment | | | · | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment As | sessment (bio-psychosocial); Co- | Occurring | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Therapy-Mental Health; Assessment: Pre-Treatn | | | | sive Outpatient |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Sc | ervices; | | | |
| Goodrich, Leslie | Catholic Charities of the Diocese of Sioux City | 1601 Military Rd Sioux City | IA 51103 | (712)252-4547 | (712)252-3785 |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Set | xually Harm Evaluation | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Groetken, Ryan | Catholic Charities of the Diocese of Sioux City | 1601 Military Rd Sioux City | IA 51103 | (712)252-4547 | (712)252-3785 |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | Evaluation | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Halladay, Michelle | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | 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 | ent - Family; Adult Non-Residential Services Intensive Outpatient Trea ; Juvenile Non-Residential Service | Services Outpatient - Individual; / tment; Juvenile Assessment Serv s Outpatient - Groups; Juvenile N | Adult Non-Residentia ices Substance Abus on-Residential Servic | l Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occu | rring Evaluation (C/O); Pre-Treatn | nent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin (Medicaid); Assessment: Outpatient Psychiatric I | g; Intensive Outpatient: Intensive C | Dutpatient Therapy-Co-occurring; | ent Therapy including Assessment: Pre-Tre | Family Sessions- atment Assessment |
| Other Services: | Sliding Fee Scale; | | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex 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 | es Outpatient - Groups; Adult Non- rvices Outpatient - Co-Occurring T • Evaluations; Juvenile Non-Reside | Residential Services Outpatient - reatment; Adult Non-Residential S | Family; Adult Non-Re Services Intensive Out | esidential Services tpatient Treatment; |

| Agency | Address | Phone | Fax |
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| Co-Occurring Treatment; Juvenile Non-Residenti | ial Services Intensive Outpatient Treatment | | Services Outpatient |
| including Group Sessions-Mental Health; Outpati | n-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy luding Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatien ensive Outpatient Therapy-Mental Health; Day Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Sliding Fee Scale; Bilingual Services; | | | |
| Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| | | | |
| Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | ation | |
| Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Ps | cychological Evaluation; Assess | ment: Juvenile Who |
| | | | |
| 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 | ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Adult Residential venile Assessment Services Substance Abuse Evaluations; atient - Groups; Juvenile Non-Residential Services Outpation | dividual; Adult Non-Residential Services Dual Residential (MH, Juvenile Non-Residential Serv ent - Family; Juvenile Non-Resi | Services Outpatient - /SA); Adult ices Care Monitoring dential Services |
| | (bio-psychosocial); Co-Occurring | | |
| Outpatient Therapy - Co-occurring; Intensive Out | tpatient: Intensive Outpatient Therapy-Co-occurring | | |
| Sliding Fee Scale; | | | |
| Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | | | |
| | are; Adult Non-Residential Services Outpatient - Individual vices Intensive Outpatient Treatment; Adult Residential Ser | Adult Non-Residential Service | s Outpatient - Co- |
| Family; Adult Non-Residential Services Partial Ca Occurring Treatment; Adult Non-Residential Service | are; Adult Non-Residential Services Outpatient - Individual vices Intensive Outpatient Treatment; Adult Residential Ser I Services Short Term Residential | Adult Non-Residential Service | s Outpatient - Co- |
| Family; Adult Non-Residential Services Partial Ca Occurring Treatment; Adult Non-Residential Serv Services Extended Residential; Adult Residential | are; Adult Non-Residential Services Outpatient - Individual vices Intensive Outpatient Treatment; Adult Residential Ser I Services Short Term Residential | Adult Non-Residential Service | s Outpatient - Co- |
| | Juvenile Non-Residential Services Outpatient - F Co-Occurring Treatment; Juvenile Non-Resident Outpatient Therapy; Juvenile Pre-Treatment Ass Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpat Intensive Outpatient Therapy-Mental Health; Day Sliding Fee Scale; Bilingual Services; Strategic Psychological Services LLC Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment 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; Juv SA/MH; Juvenile Non-Residential Services Outpatie Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Co-occurring; Intensive Out Sliding Fee Scale; | Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Indiv Co-Occurring Treatment; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychoso Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Day Treatment Day Treatment-Mental Health; Assessment: Pr Sliding Fee Scale; Bilingual Services; Strategic Psychological Services LLC PO Box 22571 Lincoln NB 68542 Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evalua Outpatient Therapy - Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Assessment: Ps Sexually Harm Risk Assessment Stephen Center 5217 S 28th St Omaha NB 68107 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - In Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - In Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Service | Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intensive Outpatient Treatment Outpatient Treatment Outpatient Treatment; Juvenile Non-Residential Services Intensive Outpatient Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Non-Treatment: General Education Class; Outpatient Therapy - Co-occurring Intensive Outpatient Therapy-Mental Health; Day Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment Assessment (Med Sliding Fee Scale; Bilingual Services; Strategic Psychological Services LLC PO Box 22571 Lincoln NB 68542 (402)858-7774 Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation Outpatient Therapy - Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assess Sexually Harm Risk Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Earling; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Groups; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Subterace |

| 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 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 Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No 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 |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; N Individual-Mental Health; Outpatient Therapy inclu | on-Treatment: Anger Management Class; Non-Treatment: General I uding Group Sessions-Mental Health; Outpatient Therapy including ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Inter | Family Sessions-Mer | ntal Health; Outpatient |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co- ccurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Issessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster Care (Relative/Kinship) | | | |
| 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: | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivient Therapy - Indivient Therapy - Eating Disorder; Assessment: Pre-Treatment Assess | , | Outpatient Therapy |
| 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: | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual- Family Sessions-Mental Health; Outpatient Thera | atment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Ma Mental Health; Outpatient Therapy including Group Sessions-Menta apy - Eating Disorder; Community Treatment Aide; Intensive Outpatie - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therap Mental Status Exam (MSE); | nagement Class; No I Health; Outpatient T ent: Intensive Outpati | n-Treatment: General Therapy including ent 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 |
|---------------------------|---|--|------------------------|--------------------|
| | Contracted Services: Tracker; Contracted Servi | ces: Electronic Monitoring | | |
| Other Services: | Bilingual 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 ividual; Adult Non-Residential Services Outpatient - Co-Occurring Tr | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Peters, Martinique | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; , ient - Family; Adult Non-Residential Services Outpatient - Individual; | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | 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 |
| | Individual; Adult Non-Residential Services Outp | | It Non-Residential Sei | vices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessmen | | | |
| | 1 12 | Assessment: Pre-Treatment Assessment (Medicaid); Assessment: N | Iental Status Exam (N | ISE) |
| 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 | anagement; Pre-Treatment Assessment (bio-psychosocial); Psycholo | ogical Evaluation | |
| Juvenile Services: | | Dutpatient Therapy including Family Sessions-Mental Health; Outpat tment Assessment (Medicaid); Assessment: Mental Status Exam (M Assessment | | |
| Other Services: | | | | |

| 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 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 Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | dult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenile so Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including I | Family Sessions- |
| 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 | Abuse Evaluations; J | uvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | , , , | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | ent: Intensive Outpati | ent Therapy-Youth |
| 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; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service: Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor-Residential Services Outpatient - Co-Occurrir (bio-psychosocial): Co-Occurring | dult Non-Residential ces Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family; |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| | · · · · · · · · · · · · · · · · · · · | | | |

| 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 | raluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatie 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-Re ial Services Intensive Out VMH; Juvenile Non-Resid outpatient - Individual; Juve | sidential Services patient Treatment; ential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea g | | |
| Other Services: | Sliding Fee Scale; | | | |
| Connor, Shawnda | Healing Hope Counseling LLC | 815 Flack Ave Alliance NB 69301 | (308)225-6572 | (308)217-4277 |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Services Outpatient - Family; Juvenile Non-Residential Services ((hio-psychosocial): Co-Occurring | | |
| | 1 137 | utpatient Therapy including Family Sessions-Mental Health; Outp | patient Therapy - Co-occu | rring; Assessment: |
| 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 - Individual-Mental Health; Outpatient Therapy ental Health; Intensive Outpatient: Intensive Outpatient Therapy- | | |
| 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; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder; Outpa t Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Obermeyer, Ashley | Pathways to Wellness LLC | 32518 W Pioneer School Rd Merriman NB 69218 | (605)646-3786 | (605)646-4828 |
| | Family; Adult Non-Residential Services Outpatier | | Non-Residential Ser | vices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health | ng Group Sessions-N | Iental Health; |
| 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 - Individual-Mental Health; Ou Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (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: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio- | -psychosocial); Co- |
| Juvenile Services: | Evening Reporting; Non-Treatment: Anger Manag Outpatient Therapy including Group Sessions-Me | atment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm gement Class; Non-Treatment: General Education Class; Outpatient ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid | Therapy - Individual- ealth; Outpatient The | Mental Health; erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| 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/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 ices Substance Abuse on-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outpatie | ont Therapy including | Family Sessions- |
| Suverile Dervices. | | g; Assessment: Pre-Treatment Assessment (Medicaid) | in merapy meraang | |
| 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 ile Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | Abuse Evaluations; | luvenile Non- |
| | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpati tt Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | ient: Intensive Outpat | ent Therapy-Youth |
| Taylor, Jennifer | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | (775)667-6079 |
| | Family; Adult Non-Residential Services Outpatien | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | vices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|--|---|--|--|--|
| 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 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; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Therapy - Co-occurring; Assessment: Pre-Treatm | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | Disorder; Outpatient |
| 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 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 individual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial): Co-Occurring | dult Non-Residentia es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; / | nt Therapy including Assessment: Pre-Tre | Family Sessions- eatment Assessment |
| 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 | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Adults who Sexually Harm Evaluation | | |
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | 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-Residentia es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | |
| Daily, Sherry | | 2100 4TH AVENUE KEARNEY NB 68845 | (308)830-3618 | |
| 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-Occ e Non-Residential Services Intervention/Education; Juvenile Non-R ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | urring Treatment; Juve esidential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | outpatient Therapy including Family Sessions-Mental Health; Outpa | tient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| 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 Outpa | valuations; Adult Non-Residential Services Outpatient - Family; Adu ttient - 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) | | |
| Juvenile Services: | | outpatient Therapy including Family Sessions-Mental Health; Outpa nent Assessment (Medicaid); Assessment: Mental Status Exam (M | | Disorder; Outpatient |
| 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 Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Non-Residential Services Intervention/Education; Juvenile Non-R ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | urring Treatment; Juve esidential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu | uation | |
| Juvenile Services: | | outpatient Therapy including Family Sessions-Mental Health; Outpa Pre-Treatment Assessment (Medicaid); Assessment: Mental Statu Co-Occurring | | |
| Other Services: | containing marine more resolutions, resoluti | | | |

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 |
|--|---|---|---|---|
| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Su e Non-Residential Services Outpatient - Individual; Juvenile Non-R | bstance Abuse Evaluati | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eval | uation | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpa ient: Co-Occurring | tient Therapy - Co-occu | urring; Assessment: |
| 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: | | atient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Outpatient Therapy - Eating Disorder; Day Treatment (NSE) | | |
| Other Services: | | | | |
| Other Services. | Sliding Fee Scale; | | | |
| Harvey, Deborah | Sliding Fee Scale; Harvey Counseling | 101 W 8th St Suite A Lexington NB 68550 | (308)324-7017 | (866)578-3559 |
| | - | 101 W 8th St Suite A Lexington NB 68550 | (308)324-7017 | (866)578-3559 |
| Harvey, Deborah Substance Abuse Services: | - | | (308)324-7017 | (866)578-3559 |
| Harvey, Deborah Substance Abuse Services: Mental Health Services: | Harvey Counseling Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Asses | | < , |
| Harvey, Deborah Substance Abuse Services: Mental Health Services: Juvenile Services: | Harvey Counseling Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Asses | | < , |
| Harvey, Deborah Substance Abuse Services: Mental Health Services: Juvenile Services: | Harvey Counseling Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Medicaid) | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Asses | | < , |
| Harvey, Deborah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Johnson (Aswegan), Betty | Harvey Counseling Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Ma Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Asses SE) 2210 30th Ave. Kearney NB 68845 aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual vices Intervention/Education; Juvenile Non-Residential Services O | sment: Pre-Treatment / (308)440-8054 Adult Non-Residential \$; Juvenile Assessment \$ | Assessment (308)234-6604 Services Outpatient - Services Substance |
| Harvey, Deborah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Johnson (Aswegan), Betty Substance Abuse Services: | Harvey Counseling Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Mis Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Asses SE) 2210 30th Ave. Kearney NB 68845 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 | sment: Pre-Treatment / (308)440-8054 Adult Non-Residential \$; Juvenile Assessment \$ | Assessment (308)234-6604 Services Outpatient - Services Substance |
| Harvey, Deborah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Johnson (Aswegan), Betty Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatient Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatien Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid Outpatient Therapy - Individual-Mental Health; Outpatient - Family - Individual-Mental - Family - Individual- Family - Individual-Mental - Family - Fami | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Asses SE) 2210 30th Ave. Kearney NB 68845 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 | sment: Pre-Treatment / (308)440-8054 Adult Non-Residential S Juvenile Assessment : Dutpatient - Groups; Juv tient Therapy - Eating I | Assessment (308)234-6604 Services Outpatient - Services Substance renile Non-Residentia Disorder; Outpatient |

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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: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | 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 | Ips; Adult Non-Residential Services Outpatient - Family; Adult Non-R Decurring Treatment; Juvenile Non-Residential Services Outpatient - rvices Outpatient - Individual; Juvenile Non-Residential Services Outpatient | Groups; Juvenile No | n-Residential Services |
| 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 - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | urring; Assessment: |
| 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie 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 | ealth; Outpatient The this intensive Outpatie | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| 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; 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/Ed | Services Outpatient - lucation; Juvenile |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre- sment: Psychological Evaluation; Assessment: Juvenile Who Sexually | Treatment Assessm | ent (Medicaid); |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|---|--|--|
| 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-Residentia Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | 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 al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re outpatient - Family; Ju | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | der, Assessment. Pre-meatment Assessment (Medicaid) | | |
| | | | | |
| 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 | | | |
| Meritar rieatti dervices. | | | | |
| Juvenile Services: | | | | |
| | | | | |
| Juvenile Services: | | 312 North Elm Street Suite 105 Grand Island NB 68801 | (308)383-2208 | |
| Juvenile Services: Other Services: Rivera, Elia Substance Abuse Services: | 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; Ad nt - 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 o-Occurring Treatment | ult Non-Residential \$ dult Non-Residential vices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Juvenile Services: Other Services: Rivera, Elia 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 Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outpatient | 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 Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | ult Non-Residential S dult Non-Residential vices Intervention/Ed esidential Services (| Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Juvenile Services: Other Services: Rivera, Elia Substance Abuse Services: Mental Health Services: Juvenile 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 Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ar ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment o-Occurring | ult Non-Residential S dult Non-Residential vices Intervention/Ed esidential Services (| Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Juvenile Services: Other Services: Rivera, Elia Substance Abuse Services: Mental Health Services: Juvenile 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 Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outpatient Therapy - Co-occurring | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ar ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment o-Occurring | ult Non-Residential S dult Non-Residential vices Intervention/Ed esidential Services (| Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Juvenile Services: Other Services: Rivera, Elia Substance Abuse Services: Mental Health Services: Juvenile Services: Other 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 Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outpatient Therapy - Co-occurring Sliding Fee Scale; Bilingual Services; Goodwill Industries of Greater Nebraska | 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 ovenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment o-Occurring atient Therapy - Individual-Mental Health; Outpatient Therapy includir | ult Non-Residential S dult Non-Residential vices Intervention/Ed esidential Services (ng Group Sessions-N | Services Outpatient lucation; Juvenile Dutpatient - Individua Mental Health; |
| Juvenile Services: Other Services: Rivera, Elia Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rodriguez-Divis, Marie | 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 Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outpatient Therapy - Co-occurring Sliding Fee Scale; Bilingual Services; Goodwill Industries of Greater Nebraska | 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 ovenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment o-Occurring atient Therapy - Individual-Mental Health; Outpatient Therapy includir | ult Non-Residential S dult Non-Residential vices Intervention/Ed esidential Services (ng Group Sessions-N | Services Outpatient lucation; Juvenile Dutpatient - Individua Aental Health; |
| Juvenile Services: Other Services: Rivera, Elia Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rodriguez-Divis, Marie 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; J Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outpatient Outpatient Therapy - Co-occurring Sliding Fee Scale; Bilingual Services; Goodwill Industries of Greater Nebraska Outpatient Therapy | 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 ovenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment o-Occurring atient Therapy - Individual-Mental Health; Outpatient Therapy includir | ult Non-Residential S dult Non-Residential vices Intervention/Ed esidential Services (ng Group Sessions-N | Services Outpatient lucation; Juvenile Dutpatient - Individual Mental Health; |

| 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/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 | ual; Adult Non-Residential Services Substance Abuse ile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) | tpatient Therapy including | Family Sessions- |
| 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; Juven | valuations; Adult Non-Residential Services Outpatient - Groups; vive Outpatient Treatment; Juvenile Assessment Services Subst ile Non-Residential Services Outpatient - Individual | ance Abuse Evaluations; | Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E | • • | |
| | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Co-occurring; Intensive O It Assessment (Medicaid); Assessment: Mental Status Exam (M Assessment; Assessment: Co-Occurring | utpatient: Intensive Outpat | ient Therapy-Youth |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| · · · · · · · · · · · · · · · · · · · | • | valuations; Adult Non-Residential Services Intervention/Education | ~ / | Convisoo Quitrationt |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie 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 | ent - Family; Adult Non-Residential Services Outpatient - Individ Services Substance Abuse Evaluations; Juvenile Non-Residenti H; Juvenile Non-Residential Services Outpatient - Groups; Juve | ual; Adult Non-Residential al Services Intervention/Ec nile Non-Residential Servi | Services Outpatient lucation; Juvenile |
| Other Services: | | aparent merapy moraling raminy occording montal montal | | |
| Other Services. | | | | |
| 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 Ex | valuations; Juvenile Assessment Services Substance Abuse Ev | aluations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E | valuation | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medic Assessment: Co-Occurring | aid); Assessment: Mental Status Exam (MSE); Assessment: Ju | venile Who Sexually Harm | Risk Assessment; |
| Other Services: | | | | |

| 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 | 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-Residentia ervices Intervention/Ed | I Services Outpatient - ducation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati : Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| Other Services: | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Young, Sandra | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)221-6902 | (308)221-6904 |
| | Family; Adult Non-Residential Services Outpatier 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; Ju (bio-psychosocial): Co-Occurring | rring Treatment; Adul n-Residential Service | t Non-Residential s Outpatient - Groups; |
| | | utpatient Therapy including Family Sessions-Mental Health; Assess | ment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |

| 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: | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy including Family Sessions-Me Assessment (Medicaid) | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inc ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Mer | luding Group Sessio ntal Health; Assessm | ns-Mental Health; ent: 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 | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental py including Family Sessions-Mental Health; Outpatient Therapy - E ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpant Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser reatment | | |
| 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: | Evening Reporting; Non-Treatment: Anger Mana Outpatient Therapy including Group Sessions-Me | atment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatn gement Class; Non-Treatment: General Education Class; Outpatient ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Assessment: Pre-Treatment Assessment (Medicai | Therapy - Individual lealth; Outpatient Th | -Mental Health; erapy - Co-occurring; |
| | Sliding Fee Scale; | | | |

| 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 Services Intervention/Education | 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 (bio-psychosocial) | ual; Adult Non-Residential Se Services Substance Abuse E ile Non-Residential Services | ervices Outpatient valuations; Juveni Outpatient - Famil |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Out g; Assessment: Pre-Treatment Assessment (Medicaid) | tpatient Therapy including Fa | amily Sessions- |
| 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 |
|---------------------------|--|---|---|---|
| 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 |
| Substance Abuse Services: | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatiel Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluati Monitoring SA/MH; Juvenile Non-Residential Ser | ssessment Services Substance Abuse Evaluations; Adult Non-Resid SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult I nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Residential Services Dual Residential (MH/SA); Adult Residential Ser ions; Juvenile Non-Residential Services Intervention/Education; Juve vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Servic | Non-Residential Servi rring Treatment; Adul rvices Short Term Resenile Non-Residential atient - Family; Juveni | 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: | Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy-nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assest | apy - Co-occurring; In | tensive 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: | Outpatient Therapy - Individual-Mental Health; O Intensive Outpatient: Intensive Outpatient Therap Exam (MSE); Assessment: Juvenile Who Sexual | utpatient Therapy including Group Sessions-Mental Health; Outpatie by-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessm ly Harm Pick Assessment | ent Therapy - Youth V nent (Medicaid); Asse | Vho Sexually Harm; ssment: Mental Statu |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Re | esidential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |

Juvenile Services:

| 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 PO Box 355 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 I tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurrin e Assessment Services Substance Abuse Evaluations; Juvenile Non-F amily; Juvenile Non-Residential Services Outpatient - Individual; Juven al Services Intensive Outpatient Treatment | ng 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-Oo | ccurring | |
| Juvenile Services: | | utpatient Therapy - Co-occurring; Community Treatment Aide; Intensivent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | | ve Outpatient |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| 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; Juvenil | esessment Services Substance Abuse Evaluations; Adult Non-Resider ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re Decurring Treatment; Adult Non-Residential Services Intensive Outpati rvices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment; Juvenile Non-Residential Service O | esidential Services Ou ient Treatment; Adult ces 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatient ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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 Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpatient | aluations; Adult Non-Residential Services Intervention/Education; Adu as Outpatient - Groups; Adult Non-Residential Services Outpatient - Fa vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educatio al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient nile Non-Residential Services Outpatient - Co-Occurring Treatment; J essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Oc Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | amily; Adult Non-Resi ervices Intensive Outp on; Juvenile Non-Resi utpatient - Family; Juv luvenile Non-Residen ccurring Mental Health; Outpa erapy - Co-occurring; I | idential Services atient Treatment; dential Services renile Non- tial Services tient Therapy ntensive Outpatient: |

| Name | Agency | Address | Phone | Fax |
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| 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 | | dual; Adult Non-Residential ance Abuse Evaluations; Ju | Services Intensive venile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Co-occurrin (Medicaid); Assessment: Co-Occurring | Dutpatient Therapy including Group Sessions-Mental Health; Ou g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | . , | |
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| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Adults who Sexually Harm Evaluation; Psychological Evaluatior | า | |
| | Outpatient Therapy - Youth Who Sexually Harm | Adults who Sexually Harm Evaluation; Psychological Evaluatior ; Assessment: Mental Status Exam (MSE); Assessment: Psych | | ment: Juvenile Who |
| | | | | ment: Juvenile Who |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm | | | ment: Juvenile Who |
| Juvenile Services: Other Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment | ; Assessment: Mental Status Exam (MSE); Assessment: Psych | ological Evaluation; Assess | 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: Psych | ological Evaluation; Assess | 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: Psych PO Box 22746 Lincoln NB 68542 | ological Evaluation; Assess | 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: Psych PO Box 22746 Lincoln NB 68542 | ological Evaluation; Assess | 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: Psych PO Box 22746 Lincoln NB 68542 | ological Evaluation; Assess | ment: Juvenile Who |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kubo, Dana | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educatior Juvenile Non-Residential Services Outpatient - I | ; Assessment: Mental Status Exam (MSE); Assessment: Psych PO Box 22746 Lincoln NB 68542 General Education Class | (402)429-1050 (402)371-3044 ion; Adult Non-Residential S dual; Adult Non-Residential s Services Substance Abuse nile Non-Residential Service | (402)371-9643 Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kubo, Dana 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; Good Life Counseling & Support Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | Assessment: Mental Status Exam (MSE); Assessment: Psych PO Box 22746 Lincoln NB 68542 General Education Class 200 N 34th PO Box 2315 Norfolk NB 68702 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 ndividual; Juvenile Non-Residential Services Outpatient - Co-O | (402)429-1050 (402)371-3044 ion; Adult Non-Residential S dual; Adult Non-Residential s Services Substance Abuse nile Non-Residential Service | (402)371-9643 Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kubo, Dana 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; Good Life Counseling & Support Adult Assessment Services Substance Abuse E 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 Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Intensive Family Preservation; I Individual-Mental Health; Outpatient Therapy ind | Assessment: Mental Status Exam (MSE); Assessment: Psych PO Box 22746 Lincoln NB 68542 General Education Class 200 N 34th PO Box 2315 Norfolk NB 68702 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; Juver individual; Juvenile Non-Residential Services Outpatient - Co-O (bio-psychosocial); Co-Occurring Non-Treatment: Anger Management Class; Non-Treatment: Ge cluding Group Sessions-Mental Health; Outpatient Therapy inclu- tensive Outpatient Therapy-Mental Health; Intensive Outpatient | (402)429-1050 (402)371-3044 (402)371-3044 ion; Adult Non-Residential S dual; Adult Non-Residential S dual; Adult Non-Residential Services Substance Abuse nile Non-Residential Service ccurring Treatment; Juvenil neral Education Class; Outp uding Family Sessions-Men | (402)371-9643 Services Outpatient - Services Outpatient - Evaluations; Juvenil es Outpatient - Family e Non-Residential patient Therapy - tal Health; Outpatient |

| Name | Agency | Address | Phone | Fax | |
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| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | -Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including oup Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co urring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; sessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster Care (Relative/Kinship) | | | |
| 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: | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivi ient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy | |
| 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: | Supervised Visitation; Non-Treatment: Day Report Education Class; Outpatient Therapy - Individual- Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | atment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Mar Mental Health; Outpatient Therapy including Group Sessions-Mental upy - Eating Disorder; Community Treatment Aide; Intensive Outpatient - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | agement Class; Nor Health; Outpatient T nt: Intensive Outpatie -Co-occurring; Asses | n-Treatment: Genera herapy including ent Therapy-Mental ssment: Pre- | |
| Other Services: | Bilingual Services; | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | | |
| | Adult Non-Residential Services Outpatient - Individential Mathematical Services Outpatient - Individential Services Outpatient - Individen | cation; 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 (| (dio-psychosocial); Co-Occurring | | | |

| Name | Agency | Address | Phone | Fax |
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| Peters, Martinique | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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; A | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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 |
| | 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-Residult Non-Residult Non-Residential Services Outpatient - Individual; Adult Non-Resi sive Outpatient Treatment; Adult Residential Services Short Term Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; | idential Services Ou ['] tr esidential; Juvenile A vices Outpatient - Fa | Datient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | a the second is should a | Family Casaiana |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; / ISE); Assessment: Psychological Evaluation; Assessment: Co-Occu | Assessment: Pre-Tre | |
| 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: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment | t Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | 6 | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Pre-Treatment Assessment (Medicaid); Assessment: Me | ental Status Exam (M | SE) |
| 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; 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 adividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residentia ices Substance Abus on-Residential Servic | l Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual | 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 | venile Assessment Se | ervices Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Assess | nent: Pre-Treatment Assessment (Medicaid) | | |
| 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; 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 Services Outpatient - Co-Occurring | dult Non-Residential S es Substance Abuse E n-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | |
| 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 |
| | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | | urring Treatment; Juve | enile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asse | essment (Medicaid); A | ssessment: Mental |
| Other Services: | | | | |
| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (402)817-4894 |
| 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/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Re Services Intensive Ou tion; Juvenile Non-Re Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assestistes (SE); Assessment: Co-Occurring | apy - Co-occurring; In | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | | |
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatien | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | It Non-Residential Se rring Treatment | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | - | |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |

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| INAILIE | Agency | Address | FIIOTE | Гал |
| 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 - Indivi Intervention/Education; Juvenile Non-Residential | ation; 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 | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | urring; Assessment: |
| 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 | | dult Non-Residential /ices Intervention/Ed esidential Services (| Services Outpatient - lucation; Juvenile Outpatient - Individual; |
| 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: | | utpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurrir tus Exam (MSE) | ig; Assessment: Pre | -Treatment |
| 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: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment (| (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 |
| | 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 - Individual-Mental Health; Ou | bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | urring |

| 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 | aluations; Adult Non-Residential Services Intervention/Education; Ad tpatient - Groups; Adult Non-Residential Services Outpatient - Famil - Individual; Adult Non-Residential Services Intensive Outpatient Tre | y; Adult Non-Resider | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | |
| Carlson, Stanley | Carlson Counseling Services LLC | 230 E 22nd St Ste 3 Fremont NB 68025 | (402)721-8805 | (402)727-4839 |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Juvenile Pre-Treatment Asse (YWSH); Pre-Treatment Assessment (bio-psycho Outpatient Therapy - Individual-Mental Health; Ou | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile You essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Juvenile You social); Co-Occurring; Adults who Sexually Harm Evaluation utpatient Therapy including Family Sessions-Mental Health; Outpatien Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | stance Abuse Evalua sidential Services Ou outh Who Sexually H ent Therapy - Youth \ | tions; Juvenile Non- tpatient - Co-Occurrir arm Evaluation |
| Carrell, Hanna | 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: | Outpatient Therapy | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| | 1 12 | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Assessment: Pre-Treatment Assessment (Medicaid); Asses | 1,2 0 | ' |

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| Name | Agency | Address | Phone | Fax |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Assessment: Pre-Treatment Asses | utpatient Therapy including Group Sessions-Mental Health; Outpatien ssment (Medicaid); Assessment: Psychological Evaluation | nt Therapy including | Family Sessions- |
| 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 Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - 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: | 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; | | | |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Residential: Adult Residential Services Short Terr | aluations; Adult Residential Services Dual Residential (MH/SA); Adu m Residential | It Residential Service | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessn SE); Assessment: Psychological Evaluation | nent: Pre-Treatment | Assessment |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Address | Попе | Tax |
| Davis, Cristina | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| Other Services: | Mental Health | | | |
| 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 ttion; Psychological Evaluation | H); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); ISE); Assessment: Psychological Evaluation; Assessment: Juvenile W | Assessment: Outpat | ient Psychiatric |
| 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 Partial Ca | valuations; Adult Non-Residential Services Outpatient - Groups; Adult are; Adult Non-Residential Services Outpatient - Individual; Adult Non vices Intensive Outpatient Treatment; Adult Residential Services Dual | -Residential Service | s Outpatient - Co- |
| Mental Health Services: | | nagement; Day Treatment; Pre-Treatment Assessment (bio-psychoso | cial); Co-Occurring | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| 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-Occurri e 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; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inclu | uding Family Sessio | ns-Mental Health; |
| | 1 15 87 | Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | - | |
| Other Services: | | | | |

| 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 | |
| | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Outpatient Therapy; Co-Occurring | valuations; Adult Non-Residential Services Outpatient - Groups; Adu tient - Co-Occurring Treatment | t Non-Residential Se | rvices Outpatient - |
| Juvenile Services: Other Services: | | | | |
| 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 | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpation nent: Outpatient Psychiatric Evaluation; Assessment: Mental Status I | | |
| Other Services: | Sliding Fee Scale; | | | |
| Foxx, Karen | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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-Occu | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Garcia, Mary | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Fam Treatment | ily; Adult Non-Residential Services Outpatient - Individual; Adult Nor | n-Residential Service | s Intensive Outpatien |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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/Ec Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | 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 Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpat | amily; Adult Non-Re rvices Substance Ab ; Juvenile Non-Resid | sidential Services use Evaluations; ential Services |
| | Outpatient Therapy; Pre-Treatment Assessment (| | t The reputie aludie a | |
| Juvenile Services. | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | Mental Status Exam (MSE), Assessment. Co-Oct | sunnig | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| 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 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 Service | Services Outpatient - Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| 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 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: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | Occurring Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Eating Disord Mental Status Exam (MSE); Assessment: Co-Occ | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | nt Therapy including l Assessment (Medica | Family Sessions- iid); Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | č | | |

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| Name | Agency | Address | Phone | Fax |
| 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; / | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| 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 - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Assessr | ment: Psychological E | valuation |
| Other Services: | | | | |
| Hay-Holen, Patricia | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (308)455-0145 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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 | e; Juvenile Residentia | al Services Short Terr |
| 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-Oc | curring | |
| 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; Asses | sment: Juvenile Who |
| Other Services: | - | | | |

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| Name | Agency | Address | Phone | Fax |
| 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); Psycl | nological Evaluation | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: P sment: Psychological Evaluation; Assessment: Juvenile Who Sexually | re-Treatment Asses | sment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| 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 Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment | 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- Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non- sidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- | ing Treatment; Adult Residential Services tpatient - Family; Ju | t Non-Residential s venile Non-Residenti |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ntensive Outpatient: | Intensive Outpatient |
| 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) | | |
| | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| 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 - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| 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 |
| 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; 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 ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | 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 |
| Juvenile Services: | Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment | atient - Groups; Juvenile Non-Residential Services Outpatient - Fam Services Outpatient - Co-Occurring Treatment; Juvenile Non-Reside (bio-psychosocial); Co-Occurring apatient: Intensive Outpatient Therapy-Co-occurring | | |
| | | | | |
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| | | valuations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family: Adult Non-Residential Services Partial Ca | valuations; Adult Non-Residential Services Outpatient - Groups; Adul | | rvices Outpatient - |

| 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 | valuation | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpati 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 | lealth; Outpatient The lth; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Kucera, Taylor | Care Corps Inc DBA LifeHouse | 723 N Broad St Fremont NB 68025 | (402)721-3125 | (402)721-6246 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| 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 - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assess SE) | ment: Pre-Treatment | Assessment |
| Other Services: | | | | |
| Laufenberg , James | | 11069 I Street Omaha NB 68137 | (402)290-2602 | (888)507-5931 |
| | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | | rring Treatment; Juve | enile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Occurring | (bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asse | ssment (Medicaid); A | ssessment: Co- |
| | Occurring | | | |

| 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; 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: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion; Psychological E | valuation |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); | Assessment: Menta | |
| Other Services: | Assessment: Psychological Evaluation; Assessm | ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co | -Occurring | |
| Lowery, Angel | All Communities Outreach Services DBA TRAC Reentry Services | 7608 S 25th Street Bellevue NB 68147 | (402)257-1122 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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; 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: | | | | |
| 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 | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap 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: | | | | |

| 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 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; Juven ndividual; Juvenile Non-Residential Services Outpatient - Co-0 | ridual; Adult Non-Residential nt Services Substance Abus enile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurrin | outpatient Therapy including Group Sessions-Mental Health; C g; Intensive Outpatient: Intensive Outpatient Therapy-Mental ent Assessment (Medicaid); Assessment: Mental Status Exam | Health; Intensive Outpatient | Intensive Outpatient |
| 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 | e Evaluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C Assessment: Pre-Treatment Assessment (Medic | Dutpatient Therapy - Individual-Mental Health; Outpatient Ther aid): Assessment: Mental Status Exam (MSE) | rapy including Family Sessic | ns-Mental Health; |
| Other Services: | (| | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Group nt - Individual; Adult Non-Residential Services Outpatient - Co Non-Residential Services Outpatient - Groups; Juvenile Non ; Juvenile Non-Residential Services Outpatient - Co-Occurring | Occurring Treatment; Juve Residential Services Outpa | nile Assessment tient - Family; Juveni |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | Non-Treatment: Intensive Family Preservation; C | Dutpatient Therapy - Individual-Mental Health; Outpatient The | rapy - Eating Disorder | |
| Morton, Crystal | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)680-6429 | |
| | Adult Assessment Services Substance Abuse Ex 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; Juven individual; Juvenile Non-Residential Services Outpatient - Co-0 | tion; Adult Non-Residential idual; Adult Non-Residential nt Services Substance Abus enile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; O | Outpatient Therapy including Group Sessions-Mental Health; Cutpatient Therapy-Mental Health; Intensive Outpatient: Intensi | | |

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: | | | | |
| 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 Assess | ment (bio-psychosocial); Co-Occurring; Psychological Evaluatio | n | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth | Ith; Outpatient Therapy including Group Sessions-Mental Health Who Sexually Harm; Assessment: Pre-Treatment Assessment (ressment: Juvenile Who Sexually Harm Risk Assessment; Asse | (Medicaid); Assessment: Menta | |
| Other Services: | Bilingual Services; | | | |
| Nastase, Jill | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | (402)991-3486 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Groups; Adult Non-Residential Services Ou Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessi | se Evaluations; Adult Non-Residential Services Intervention/Ed tpatient - Family; Adult Non-Residential Services Outpatient - Ir ment (bio-psychosocial); Co-Occurring | | |
| 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/Ed ervices Outpatient - Groups; Adult Non-Residential Services Out al Services Outpatient - Co-Occurring Treatment; Adult Non-Re | utpatient - Family; Adult Non-Re | esidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assess | ment (bio-psychosocial) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Ollila, Ashleigh | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assess | ment (bio-psychosocial) | | |
| Juvenile Services: | | Ith; Outpatient Therapy including Group Sessions-Mental Health Assessment (Medicaid); Assessment: Outpatient Psychiatric E | | |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| 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-Co e Non-Residential Services Intervention/Education; Juvenile Nor ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | Occurring Treatment; Juver n-Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; As: ISE) | sessment: Pre-Treatment | Assessment |
| 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 - Individual-Mental Health; O Mental Health | Outpatient Therapy including Group Sessions-Mental Health; Out | tpatient Therapy including | Family Sessions- |
| Other Services: | | | | |
| 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: | Non-Treatment: Intensive Family Preservation; C | Dutpatient Therapy - Individual-Mental Health; Outpatient Therap | by including Family Session | ns-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 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/Educations es Outpatient - Groups; Adult Non-Residential Services Outpatiervices Outpatient - Co-Occurring Treatment; Adult Non-Resider e Evaluations; Juvenile Non-Residential Services Intervention/Educations al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment (hio-nsychosocial) | ent - Family; Adult Non-Re tital Services Intensive Out ducation; Juvenile Non-Re ices Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile 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

| News | • | A I I I I I I I I I I | DI | F |
|---------------------------|--|---|-----------------------|---------------------|
| Name | Agency | Address | Phone | Fax |
| Rice, Joan | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; / ent - Family; Adult Non-Residential Services Outpatient - Individual; | | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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 Outpatier | valuations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Intensive Outpatient | | rvices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Rojas, 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; <i>i</i> tient - Co-Occurring Treatment; Adult Non-Residential Services Interview | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Rowe, Rachael | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpat | ent Therapy including | Family Sessions- |
| Other Services: | | | | |

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| | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| | | valuations; Adult Residential Services Therapeutic Community | ; Juvenile Assessment Serv | vices Substance Abuse |
| | Evaluations Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | | sment: Pre-Treatment Assessment (Medicaid); Assessment: | Co-Occurring | |
| | Sliding Fee Scale; | | 0 | |
| 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; | 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 at Services Substance Abus enile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | by-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schnieder, Brian | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (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-Residentia | valuations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outpatient 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 Trea | atient - Family; Adult Non-Re ential Services Intensive Ou Education; Juvenile Non-Re rvices Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | | utpatient Therapy - Co-occurring; Intensive Outpatient: Intens | ive Outpatient Therapy-Co- | occurring |
| Other Services: | | apatient merapy - 00 occurring, mensive outpatient, intens | | Jeeuring |
| Other Services. | | | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health | utpatient Therapy including Group Sessions-Mental Health; C | outpatient Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|---|
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| | | aluations; Juvenile Assessment Services Substance Abuse Evalua | tions | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Co-Occurring | | |
| 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); Psycholo | gical Evaluation | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpat nent Assessment (Medicaid); Assessment: Mental Status Exam (MS Assessment | | |
| Other Services: | | | | |
| Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 |
| Substance Abuse Services. | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- co-Occurring Treatment | Adult Non-Residential ervices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treat | ment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Network Stream St | apy - Co-occurring; In | tensive 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; | raluations; Adult Non-Residential Services Intervention/Education; A Int - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N Individual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential vices Substance Abus Ion-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| 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 | |
| | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | ining meannent | |
| 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie (MSE); Assessment: Psychological Evaluation; Assessment: Co-O | | Family Sessions- |
| Other Services: | | | oouring | |
| 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; 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); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatied der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatmen curring | | |
| Other Services: | Hearing Impaired; Bilingual Services; | Sectory (Sector) | | |

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|---|
| Timm, Jessica | Care Corps Inc DBA LifeHouse | 723 N Broad St Fremont NB 68025 | (402)721-3125 | (402)721-6246 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other 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 Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention nt - Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Resid Residential Services Short Term Residential; Juveni ducation; Juvenile Non-Residential Services Outpatien atient - Individual; Juvenile Non-Residential Services ent | nt - Individual; Adult Non-Residentia ential Services Dual Residential (MI le Assessment Services Substance ent - Groups; Juvenile Non-Residen | I Services Outpatient I/SA); Adult Abuse Evaluations; ial Services Outpatien |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 681 | 14 (402)889-6359 | (402)564-7735 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | aluations; Adult Non-Residential Services Interventio nt - Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile As Juvenile Non-Residential Services Outpatient - Grou dividual; Juvenile Non-Residential Services Outpatie | nt - Individual; Adult Non-Residentia sessment Services Substance Abus ups; Juvenile Non-Residential Servic | l Services Outpatient e Evaluations; Juvenil ces Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient: Intensive Outpatient Therapy-Mental Assessment (Medicaid); Assessment: Mental Sta | utpatient Therapy including Family Sessions-Mental I Health; Intensive Outpatient: Intensive Outpatient Th tus Exam (MSE); Assessment: Co-Occurring | Health; Outpatient Therapy - Co-occ erapy-Co-occurring; Assessment: P | urring; Intensive re-Treatment |
| Other Services: | Sliding Fee Scale; Bilingual 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 Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Interventio es Outpatient - Groups; Adult Non-Residential Servic vices Outpatient - Co-Occurring Treatment; Juvenile ducation; Juvenile Non-Residential Services Outpatie atient - Individual; Juvenile Non-Residential Services | es Outpatient - Family; Adult Non-R Assessment Services Substance A ent - Groups; Juvenile Non-Residen | 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-Treatment Assessment (bio | o-psychosocial); Co- |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient The ent Therapy including Family Sessions-Mental Health | | patient Therapy |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | occurring; Assessment: Pre-Treatment Assess Sliding Fee Scale; | ment (Medicaid); Assessment: Co-Occurring | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Juvenile Assessment | 0 | idual; Adult Non-Residential tial Services Intervention/Ec | Services Outpatient lucation; Juvenile |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; O | utpatient Therapy including | Family Sessions- |
| Williams, Ann | Ann's Couch | 3924 N 90th St Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Mental Health Services: | Individual; Adult Non-Residential Services Outp Residential Services Outpatient - Family; Juver Treatment Outpatient Therapy; Pre-Treatment Assessmen | Evaluations; Adult Non-Residential Services Outpatient - Family patient - Co-Occurring Treatment; Juvenile Assessment Service nile Non-Residential Services Outpatient - Individual; Juvenile N nt (bio-psychosocial); Co-Occurring Outpatient Therapy including Family Sessions-Mental Health; C | s Substance Abuse Evaluat on-Residential Services Ou | ions; Juvenile Non- tpatient - Co-Occurrin |
| Other Services: | Pre-Treatment Assessment (Medicaid); Assess | | | |
| Workman, Jason | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)599-2054 | (402)661-7117 |
| | Individual; Adult Non-Residential Services Outp Outpatient Therapy; Pre-Treatment Assessmer | | s; Adult Non-Residential Se | rvices Outpatient - |
| Other Comission | Sliding Fee Scale; Hearing Impaired; Bilingual | Services; | | |
| Other Services: | | | | |
| | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Zlomke, Leland Substance Abuse Services: | | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|-------------------------|------------------|
| 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 N tient - Co-Occurring Treatment; Juvenile Assessment Services Substa e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluation | s; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occurri | ng; Assessment: |
| Other Services: | | | | |

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|--|--|--|---|---------------------------------------|
| Name | Agency | Address | Phone | Fax |
| 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: | | | | |
| 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: | | | | |
| Ackerman, Deanna | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Resident | | vidual; Adult Non-Residential Se I Services Care Monitoring SA/N | ervices Outpatie IH; Juvenile No |
| | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpat | -Treatment: General Education Class; Outpatient Therapy - Ir ient Therapy including Family Sessions-Mental Health; Outpatient : Mental Status Exam (MSE); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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-Resident | | vidual; Adult Non-Residential Se I Services Care Monitoring SA/N | ervices Outpatier 1H; Juvenile Nor |
| Juvenile Services: | including Group Sessions-Mental Health; Outpat | -Treatment: General Education Class; Outpatient Therapy - Ir ient Therapy including Family Sessions-Mental Health; Outpat Mental Status Exam (MSE); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 - Group tt - Individual; Adult Non-Residential Services Outpatient - Co | | |
| Mental Health Services: | • | 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 - Group nt - Individual; Adult Non-Residential Services Outpatient - Co | | |
| Mental Health Services: | | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| | 5 , | | | |
| | Anita Akers PC | 11069 I St Omaha NB 68137 | (402)614-8444 | |
| Akers, Anita | Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar | 11069 I St Omaha NB 68137 aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N | y; Adult Non-Residential Service es Substance Abuse Evaluations | s; Juvenile Non- |
| Akers, Anita Substance Abuse Services: | Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N | y; Adult Non-Residential Service es Substance Abuse Evaluations | s; Juvenile Non- |
| Akers, Anita Substance Abuse Services: Mental Health Services: | Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Pre-Treatment Assessment | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N | y; Adult Non-Residential Service es Substance Abuse Evaluation Non-Residential Services Outpat | s; Juvenile Non- tient - Co-Occurrin |
| Akers, Anita Substance Abuse Services: Mental Health Services: Juvenile Services: | Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; In | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N (bio-psychosocial); Co-Occurring | y; Adult Non-Residential Service es Substance Abuse Evaluation Non-Residential Services Outpat | s; Juvenile Non- tient - Co-Occurrin |
| Akers, Anita Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Int (Medicaid) | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N (bio-psychosocial); Co-Occurring | y; Adult Non-Residential Service es Substance Abuse Evaluation Non-Residential Services Outpat | s; Juvenile Non- tient - Co-Occurrin |
| Akers, Anita Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Akers, Anita | Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; In (Medicaid) Sliding Fee Scale; Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N (bio-psychosocial); Co-Occurring tensive Outpatient: Intensive Outpatient Therapy-Mental Heal | y; Adult Non-Residential Service ss Substance Abuse Evaluations Non-Residential Services Outpat Ith; Assessment: Pre-Treatment (402)614-8444 y; Adult Non-Residential Service ss Substance Abuse Evaluations | s; Juvenile Non- tient - Co-Occurrin t Assessment es Outpatient - s; Juvenile Non- |
| Akers, Anita Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Akers, Anita Substance Abuse Services: | Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; In (Medicaid) Sliding Fee Scale; Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N (bio-psychosocial); Co-Occurring tensive Outpatient: Intensive Outpatient Therapy-Mental Heal 11069 I St Omaha NB 68137 aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N | y; Adult Non-Residential Service ss Substance Abuse Evaluations Non-Residential Services Outpat Ith; Assessment: Pre-Treatment (402)614-8444 y; Adult Non-Residential Service ss Substance Abuse Evaluations | s; Juvenile Non- tient - Co-Occurrin t Assessment es Outpatient - s; Juvenile Non- |
| Akers, Anita Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Akers, Anita Substance Abuse Services: Mental Health Services: Juvenile Services: | Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenike Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Int (Medicaid) Sliding Fee Scale; Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenike Treatment Outpatient Therapy; Pre-Treatment Assessment | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N (bio-psychosocial); Co-Occurring tensive Outpatient: Intensive Outpatient Therapy-Mental Heal 11069 I St Omaha NB 68137 aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N | (402)614-8444 (402)614-8444 y; Adult Non-Residential Services Outpat (402)614-8444 y; Adult Non-Residential Service s Substance Abuse Evaluations Non-Residential Services Outpat | s; Juvenile Non- tient - Co-Occurrin t Assessment es Outpatient - s; Juvenile Non- tient - Co-Occurrin |

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 |
|---------------------------|---|---|---|
| Alba, Sarah | Goodwill Industries | 4805 N 72nd St Omaha NB 68134 | (402)880-8414 |
| Substance Abuse Services: | | | |
| Mental Health Services: | Outpatient Therapy | | |
| Juvenile Services: | | | |
| Other Services: | Bilingual Services; | | |
| Alba, Sarah | Goodwill Industries | 4805 N 72nd St Omaha NB 68134 | (402)880-8414 |
| Substance Abuse Services: | | | |
| Mental Health Services: | 1 17 | | |
| Juvenile Services: | | | |
| Other Services: | Bilingual Services; | | |
| Alexis, Geraldine | Charles Drew Health Center | 2916 Grant Street Omaha NB 68111 | (402)810-9760 |
| | Outpatient - Individual; Adult Non-Residential S Juvenile Non-Residential Services Intervention/ Outpatient - Groups; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | 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 | sessment Services Substance Abuse Evaluations oring SA/MH; Juvenile Non-Residential Services |
| | Outpatient Therapy; Pre-Treatment Assessmen | | |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Heal ng; Community Treatment Aide; Assessment: Pre-Treatme | |
| Other Services: | Sliding Fee Scale; | | |
| Alexis, Geraldine | Charles Drew Health Center | 2916 Grant Street Omaha NB 68111 | (402)810-9760 |
| | Monitoring SA/MH; Adult Non-Residential Servi Outpatient - Individual; Adult Non-Residential S Juvenile Non-Residential Services Intervention/ Outpatient - Groups; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/E ces Outpatient - Groups; Adult Non-Residential Services O ervices Outpatient - Co-Occurring Treatment; Juvenile Ass Education; Juvenile Non-Residential Services Care Monito Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential | Outpatient - Family; Adult Non-Residential Service sessment Services Substance Abuse Evaluations oring SA/MH; Juvenile Non-Residential Services |
| | Outpatient Therapy; Pre-Treatment Assessmen | | Ithe Outpotionst Thorony is shuding Formily Oracian |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Heal ng; Community Treatment Aide; Assessment: Pre-Treatme | |
| Other Services | Sliding Eoo Scalo: | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|-----------------|--|---|-----------------------|--------------------|
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | ng Treatment | vices Outpatient - |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre- ment: Juvenile Who Sexually Harm Risk Assessment; Assessment: 0 | t Therapy including F | |
| Other Services: | | | | |
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | ng Treatment | vices Outpatient - |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre- ment: Juvenile Who Sexually Harm Risk Assessment; Assessment: 0 | t Therapy including F | |
| Other Services: | | | | |
| 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 - Co | • | ring Treatment; Juve | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess | mant (Madiasid): As | aaamanti Mantal |
| Other Services: | Status Exam (MSE); Assessment: Co-Occurring | alpalient merapy - Co-occurring, Assessment. Fre-meatment Assess | sment (meuicaiu), As | |
| 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 - Co | | ring Treatment; Juve | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou Status Exam (MSE); Assessment: Co-Occurring | /bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess | sment (Medicaid); As | sessment: Mental |
| Other Services: | etate Exam (MOE), robostnent. OU Outiling | | | |

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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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Co-Occurring | |
| 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | J | |
| 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 | , | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatme | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| 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; Adult - Individual; Adult Non-Residential Services Intensive Outpatient idential Services Outpatient - Groups; Juvenile Non-Residential Servent | reatment; Juvenile A | ssessment Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring; Adults who Se | exually Harm Evaluation | | |
| | Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatme | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (402)817-4894 |
| 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 - 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 C enile Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Re ervices Intensive Ou ion; Juvenile Non-Re | esidential Services tpatient Treatment; sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess SE): Assessment: Co-Occurring | py - Co-occurring; In | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; | | | |
| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (402)817-4894 |
| 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 - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educat al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Re ervices Intensive Ou ion; Juvenile Non-Re | esidential Services tpatient Treatment; sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial): Co-Occurring | | |
| | Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess | py - Co-occurring; In | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---------------------|
| 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 | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occi | urring; Assessment: |
| 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 | 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; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Baul-Pinson, Doraine | | 1941 S. 42nd Street Suite 426 Omaha NB 68105 | (402)514-7613 | (402)905-4726 |
| 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 mile Non-Residential Services Outpatient - Individual; Juvenile Non-F | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Baul-Pinson, Doraine | | 1941 S. 42nd Street Suite 426 Omaha NB 68105 | (402)514-7613 | (402)905-4726 |
| 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 enile Non-Residential Services Outpatient - Individual; Juvenile Non-F | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|---|--|
| Beaugard, Jessie | Affinity Community Counseling | 5701 Thompson Creek Blvd, Suite 202 Lincoln NB 68516 | (402)827-7652 | (402)827-7654 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Individual Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential | Services Outpatient - |
| Beaugard, Jessie | Affinity Community Counseling | 5701 Thompson Creek Blvd, Suite 202 Lincoln NB 68516 | (402)827-7652 | (402)827-7654 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Individual Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential | Services Outpatient - |
| Beck, Lori | Stephen Center | 2723 Q Street Omaha NB 68107 | (402)715-5480 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Occurring Treatment; Adult Non-Residential Serv Services Short Term Residential Outpatient Therapy | ips; Adult Non-Residential Services Outpatient - Individual; Adult Non ices Intensive Outpatient Treatment; Adult Residential Services Dual | | |
| Beck, Lori | Stephen Center | 2723 Q Street Omaha NB 68107 | (402)715-5480 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Occurring Treatment; Adult Non-Residential Serv Services Short Term Residential Outpatient Therapy | ips; Adult Non-Residential Services Outpatient - Individual; Adult Non ices Intensive Outpatient Treatment; Adult Residential Services Dual | | |
| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | |
| | 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 magement; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-O | dult Non-Residential ces Substance Abus n-Residential Servic g Treatment; Juveni | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family le Non-Residential |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta | by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy Itus Exam (MSE) | -Co-occurring; Assessr | nent: Pre-Treatmen |
| Other Services: | Sliding Fee Scale; | | | |
| 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; | 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-Occurri | Adult Non-Residential S ices Substance Abuse I on-Residential Services | ervices Outpatient - Evaluations; Juvenil Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Man Assessment (bio-psychosocial); Co-Occurring | agement; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co- | Occurring Evaluation (C | C/O); Pre-Treatment |
| Juvenile Services: | | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy tus Exam (MSE) | -Co-occurring; Assessr | nent: 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 Evaluat | ions | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpation ient: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occur | ring; Assessment: |
| 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 Evaluat | ions | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatient: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occuri | ring; Assessment: |
| Other Services: | | | | |
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| 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 | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adu it - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | - | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bernard, David | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| | 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; , 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-Residentia ices Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatients Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | , Assessment. Co-Occurring | | |
| Bernard, David | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| | 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 dividual; Juvenile Non-Residential Services Outpatient - Co-Occurri (bio-psychosocial): Co-Occurring | Adult Non-Residentia ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| 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 Outpatier 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; Adu tt - Individual; Adult Non-Residential Services Outpatient - Co-Occu esidential Services Therapeutic Community; Juvenile Assessment S roups; Juvenile Non-Residential Services Outpatient - Family; Juve patient - Co-Occurring Treatment; Juvenile Non-Residential Services b Home; Juvenile Residential Services Short Term Residential | rring Treatment; Adul Services Substance A nile Non-Residential S | t Non-Residential buse Evaluations; Services Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment Psychiatric Residential Treatment Facility; Asses | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| 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 | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Residential Services Therapeutic Community; Juvenile Assessment S Groups; Juvenile Non-Residential Services Outpatient - Family; Juver Itpatient - Co-Occurring Treatment; Juvenile Non-Residential Service p Home; Juvenile Residential Services Short Term Residential | ring Treatment; Adult ervices Substance At ile Non-Residential S | Non-Residential buse Evaluations; ervices 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 | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)522-6570 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Acent - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Berry, Shane | Continuum Counseling and Consultants, LLC | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)522-6570 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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 Ex Co-Occurring Treatment | valuations; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential S | ervices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | · · · · · · · · · · · · · · · · · · · | | |
| Other Services: | | | | |

| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Other Services: Other 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: Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential | News | A m m m m m | A data a c | Disease | E |
|---|---------------------------|---|---|-------------------------------|------------------|
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Thrapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Other Services: Other Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Other Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring (402)590-5553 Substance Abuse Services: Adult Assessment Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adul | Name | Agency | Address | Phone | Fax |
| Family: Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Juvenile Services: Other Services: Other Services: 330 So. 156th Court #101 Omaha NB 68130 (402)321-1956 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Services: Other Services: Biniamow, Judi Wiles Counseling & Assessment, Inc. 7551 Main St. Suite 250 Ralston NB 68127 (402)964-2092 Substance Abuse Services: Outpatient - Individual; Adult Non-Residential Services Outpatient - Goroups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Services: Outpatient - Individual; Adult Non-Residential Services Outpatient - Services: Outpatient - Services: Outpatient - Individual; Adult Non-Residential Services Outpatient - Services: Outpatient - Services: Outpatient - Individual; Adult Non-Residential Services Outpatient - Goroups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Goroups; Adult Non-R | Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Mental Health Services: Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: 330 So. 156th Court #101 Omaha NB 68130 (402)321-1956 Substance Abuse Services: Co-Occurring Treatment Co-Occurring Treatment Mental Health Services: Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring (402)9241-1956 Substance Abuse Services: Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring (402)964-2092 Substance Abuse Services: Adult Assessment Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; 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 Outpatient - Co-Occurring Treatment Substance Abuse Services: Other Services: Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Substance Abuse Services: Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring (402)590-5553 Substance Abuse Services: Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring (40 | Substance Abuse Services: | | | | ces Outpatient - |
| Other Services: Biniarmow, Judi 1330 So. 156th Court #101 Ornaha NB 68130 (402)321-1956 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Other Services: Other Services: Other Services: Biniarmow, Judi Wiles Counseling & Assessment, Inc. 7551 Main St. Suite 250 Ralston NB 68127 (402)964-2092 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Adult Non-Residential Service Outpatient - Co-Occurring Treatment Substance Abuse Services: Adult Non-Residential Service Outpatient - Co-Occurring Treatment, Adult Non-Residential Services Outpatient - Co- | Mental Health Services: | | | Occurring Treatment | |
| Biniamow, Judi 1330 So. 156th Court #101 Omaha NB 68130 (402)321-1956 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Services: Valuations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Services: Biniamow, Judi Wiles Counseling & Assessment, Inc. 7551 Main St. Suite 250 Ralston NB 68127 (402)964-2092 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 Family, Adult Non-Residential Services Outpatient Teatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: (402)590-5553 Substance Abuse Services: Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Services Outpatient Teatment (402)590-5553 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | Juvenile Services: | | | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; 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 Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Uupatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Uupatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Uupatient - Co-Occurring Treatment Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residentia Services Substance Abuse Services: Substance Abuse Services: Substance Abuse Services: Outpatient Treatment | Other Services: | | | | |
| Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Other Services: Viles Counseling & Assessment, Inc. 7551 Main St. Suite 250 Ralston NB 68127 (402)964-2092 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 - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Other Services: Other Services: Juvenile Services: Other Services: Other Services: Blake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 Substance Abuse Services: Outpatient Treatment Assessment (bio-psychosocial); Co-Occurring Services Intervention/Education, Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Juvenile Services: Outpatient Treatment Services: Outpatient Treatment Assessment (bio-psychosocial); Co-Occurring Substance Abuse Services: Stiding Fee Scale; Stiding Fee Scale; (402)590-5553 Substance Abuse Services: Stubstance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult | Biniamow, Judi | | 1330 So. 156th Court #101 Omaha NB 68130 | (402)321-1956 | |
| Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Wiles Counseling & Assessment, Inc. 7551 Main St. Suite 250 Ralston NB 68127 (402)964-2092 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring (402)9964-2092 Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring (402)590-5553 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 - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individu | al; Adult Non-Residential Ser | vices Outpatien |
| Other Services: Siniamow, Judi Wiles Counseling & Assessment, Inc. 7551 Main St. Suite 250 Ralston NB 68127 (402)964-2092 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Oo-Occurring Treatment Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring (402)590-5553 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Substance Abuse Services: Other Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Other Services Substance Abuse Services Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Tre | Mental Health Services: | 0 | (bio-psychosocial); Co-Occurring | | |
| Biniamow, Judi Wiles Counseling & Assessment, Inc. 7551 Main St. Suite 250 Ralston NB 68127 (402)964-2092 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring (402)590-5553 Slake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatien | Juvenile Services: | | | | |
| 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 - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Ottpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Ottpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient Services: Other Services: Siliding Fee Scale; Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services O | Other Services: | | | | |
| Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Tranam St Suite 15 Omaha NB 68132 (402)590-5553 Blake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 Blake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 Substance Abuse Services: Suign Fee Scale; 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 Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Res | Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Stake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 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 - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-R | Substance Abuse Services: | | | | ces Outpatient - |
| Other Services: Blake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring (402)590-5553 Blake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 Substance Abuse Services: Othar Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residentia | Mental Health Services: | | | Occurring meannent | |
| Blake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient Theratment; Outpatient Theratment; Outpatient Theratment Outpatient Theratment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient Treatment; Adult Non-Residential Services Outpatient Theratment; Services Substance Abuse Services; Sliding Fee Scale; (402)590-5553 Blake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 Substance Abuse Services: Substance Abuse Services: Substance Abuse Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment Substance Abuse Services: Outpatient Treatment Assessment (bio-psychosocial); Co-Occurring Treatment; Adult Non-Residential Services Outpati | Juvenile Services: | | | | |
| 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 - Co-Occurring Treatment; Adult Non-Residential Services: Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Silding Fee Scale; Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatie | Other Services: | | | | |
| Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient Treatment; Outpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Other Services: Other Services: Sliding Fee Scale; Blake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential | Blake, Elizabeth | Wait Think Focus Counseling LLC | 7117 Farnam St Suite 15 Omaha NB 68132 | (402)590-5553 | |
| Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Sliding Fee Scale; Blake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 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 - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residen | Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | | | |
| Other Services: Sliding Fee Scale; Blake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 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 - Co-Occurring Treatment; Adult Non-Residential Services Outpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services | Mental Health Services: | | (bio-psychosocial); Co-Occurring | | |
| Blake, Elizabeth Wait Think Focus Counseling LLC 7117 Farnam St Suite 15 Omaha NB 68132 (402)590-5553 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 - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services - Co-Occurring Treatm | Juvenile Services: | | | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatie Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residentia Services Intensive Outpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: | Other Services: | Sliding Fee Scale; | | | |
| Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residentia Services Intensive Outpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: | Blake, Elizabeth | Wait Think Focus Counseling LLC | 7117 Farnam St Suite 15 Omaha NB 68132 | (402)590-5553 | |
| Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: | Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | | | |
| Juvenile Services: | Mental Health Services: | • | (hin-psychosocial): Co-Occurring | | |
| | | expansion merupy, the meaninent Assessment | | | |
| | | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax | |
|---|--|---|----------------------|---|--|
| 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; 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-Re 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- | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment ssessment (Medicaid); Assessment: Mental Status Exam (MSE) | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Borer, Kersten | Kersten Borer LLC | 7602 Pacific St Ste 304 Omaha NB 68114 | (402)515-5383 | (402)933-6447 | |
| Juvenile Services: | 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 - Individual-Mental Health; Ou | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Sliding Fee Scale: | | | | |
| | . | | | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | | |
| 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; A | | |
| 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: | | aluations; Adult Non-Residential Services Intervention/Education; Ad 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: | | | | |
| 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 Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Family; Juvenile Non-Resider o-Occurring Treatment | ing Treatment; Juve | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | urring |
| Other Services: | | | | |
| 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-Occurr Non-Residential Services Outpatient - Family; Juvenile Non-Resider o-Occurring Treatment | ing Treatment; Juve | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | urring |

| 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 | aluations; Adult Non-Residential Services Intervention/Education; Ac tpatient - Groups; Adult Non-Residential Services Outpatient - Famil - Individual; Adult Non-Residential Services Intensive Outpatient Tre | y; Adult Non-Resider | |
| Juvenile Services: | | (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; Adult patient - Groups; Adult Non-Residential Services Outpatient - Family - Individual; Adult Non-Residential Services Intensive Outpatient Tre | y; Adult Non-Resider | |
| 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 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult 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): Co-Occurring | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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; 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; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); 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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| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; Adunt - 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 (bio-psychosocial); Co-Occurring | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient Evaluations; Juven es Outpatient - Fami |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| 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 |
| 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; Ad ont - 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 Servic | Services Outpatient Evaluations; Juven es Outpatient - Fami |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | nt Therapy including Assessment: Co-Occu | Family Sessions- urring |
| Other Oracia | | | | |

Other Services: Sliding Fee Scale; Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| 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; A ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | |
| 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 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | |
| Mental Health Services: | 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; 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 lential Services Outpa | nile Assessment |
| Mental Health Services: Juvenile Services: | Crisis Phone Line; Emergency Medical Health Ex | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psyc | chosocial); Co-Occurri | ng |
| Other Services: | No Voucher Acceptance; | | | |
| 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; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu • Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juve lential Services Outpa | nile Assessment |
| Mental Health Services: Juvenile Services: | Crisis Phone Line; Emergency Medical Health Ex | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psyc | chosocial); Co-Occurri | ng |
| | No Voucher Acceptance; | | | |

| Name | Agency | Address | Phone | Fax |
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| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evansation 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: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev 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: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Clark, Stephanie | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)707-9050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Clark, Stephanie | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)707-9050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Colon, Legna | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)201-5231 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|-------------------------|--------------------|
| Colon, Legna | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)201-5231 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual 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 | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Non-Residential Services Interver dential Services Outpatient - Individual; Juvenile Non-Residential Ser | tion/Education; Juveni | le Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including Fa | amily Sessions- |
| Other Services: | Mental Health; Assessment: Pre-Treatment Asse Sliding Fee Scale; | ssment (Medicaid) | | |
| 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 | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Non-Residential Services Interver dential Services Outpatient - Individual; Juvenile Non-Residential Ser | tion/Education; Juveni | le Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid) | nt Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Cook, Von | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)510-2733 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|---|
| Cook, Von | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)510-2733 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Indi | ation; Adult Non-Residential vidual; Adult Non-Residential | Services Outpatient - Services Intensive |
| Mental Health Services: Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Cornelius, Dawn | All Communities Outreach Services DBA TRAC Reentry Services | 106 E Mission Ave Bellevue NB 68005 | (402)257-1122 | (402)933-7786 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Placement Program | eatment: Anger Management Class; Non-Treatment: Genera | I Education Class; Non-Treat | ment: Employment |
| Other Services: | Bilingual Services; | | | |
| Cornelius, Dawn | All Communities Outreach Services DBA TRAC Reentry Services | 106 E Mission Ave Bellevue NB 68005 | (402)257-1122 | (402)933-7786 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Placement Program | eatment: Anger Management Class; Non-Treatment: Genera | I Education Class; Non-Treat | ment: Employment |
| Other Services: | Bilingual Services; | | | |
| 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; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|----------------------|---------------------|
| 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 - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assess SE): Assessment: Psychological Evaluation | ment: Pre-Treatment | Assessment |
| 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 - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assess SE); Assessment: Psychological Evaluation | ment: Pre-Treatment | Assessment |
| 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: | 1 127 | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW | SH); Pre-Treatment A | Assessment (bio- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid) (SE); Assessment: Psychological Evaluation; Assessment: Juvenile ' | ; Assessment: Outpat | tient Psychiatric |
| 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 (YW | SH); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid) (SE); Assessment: Psychological Evaluation; Assessment: Juvenile 1 | ; Assessment: Outpat | tient Psychiatric |
| 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 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-Re | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: Other Services: | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outp | patient Therapy - Co-occurr | ing; Assessment: |
| 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 | valuations; Adult Non-Residential Services Outpatient - Family; A tient - Co-Occurring Treatment; Juvenile Assessment Services S e Non-Residential Services Outpatient - Individual; Juvenile Non- | ubstance Abuse Evaluation | s; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outp | patient Therapy - Co-occurr | ing; Assessment: |
| Other Services: | - | | | |
| DeVries, Shawn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | |
| | Family; Adult Non-Residential Services Partial Ca Occurring Treatment; Adult Non-Residential Services Short Term Residential Outpatient Therapy; Mental Health Intensive Mar | valuations; Adult Non-Residential Services Outpatient - Groups; A are; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services nagement; Day Treatment; Pre-Treatment Assessment (bio-psyct | Non-Residential Services (Dual Residential (MH/SA); / | Dutpatient - Co- |
| DeVries, Shawn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | |
| | Family; Adult Non-Residential Services Partial Ca Occurring Treatment; Adult Non-Residential Services Short Term Residential Outpatient Therapy; Mental Health Intensive Mar | valuations; Adult Non-Residential Services Outpatient - Groups; A are; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services nagement; Day Treatment; Pre-Treatment Assessment (bio-psyct | Non-Residential Services (Dual Residential (MH/SA); | Dutpatient - Co- |
| Other Services: | | | | |
| Dexter, Loren | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)960-0073 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Outpatient - Groups; A | Adult Non-Residential Servio | ces Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Intens | ive Outpatient Treatment | | |
| Juvenile Services: | Supation: merapy | | | |
| | Sliding Fee Scale; | | | |
| | | | | |

| Name | Agency | Address | Phone | Fax |
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| Dexter, Loren | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)960-0073 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Intens | valuations; Adult Non-Residential Services Outpatient - Groups; Adu sive Outpatient Treatment | ult Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Diaz, Isabel | Diaz Counseling LLC | 4107 so. 22nd street Omaha NB 68107 | (402)706-1847 | |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment Outpatient Therapy | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; | Adult Non-Residential Adult Non-Residential | Services Outpatient |
| Other Services: | Bilingual Services; | | | |
| Diaz, Isabel | Diaz Counseling LLC | 4107 so. 22nd street Omaha NB 68107 | (402)706-1847 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; | | |
| Juvenile Services: Other Services: | Bilingual Services; | | | |
| Dinneen, Mary | Dinneen Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)502-5002 | (402)502-5102 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- outpatient Therapy including Family Sessions-Mental Health; Outpat | Adult Non-Residential ervices Intervention/Ec -Residential Services -Occurring | Services Outpatient ducation; Juvenile Outpatient - Individua |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| 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 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 uvenile Non-Residential Services Outpatient - Family; Juvenile Non- Co-Occurring Treatment | Adult Non-Residential ervices Intervention/Ec | Services Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | essment (PTA); Pre-Treatment Assessment (bio-psychosor utpatient Therapy including Family Sessions-Mental Health ient: Mental Status Exam (MSE) | ,, 0 | urring; Assessment: |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Edu nt - Individual; Adult Non-Residential Services Outpatient - Non-Residential Services Intervention/Education; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - C | Co-Occurring Treatment; Juve Non-Residential Services Ou | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Th Pre-Treatment Assessment (Medicaid); Assessment: Co-C | | ons-Mental Health; |
| Other Services. | | | | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Intervention/Edu nt - Individual; Adult Non-Residential Services Outpatient - Non-Residential Services Intervention/Education; Juvenile Individual; Juvenile Non-Residential Services Outpatient - C | Co-Occurring Treatment; Juve Non-Residential Services Ou | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Pre-Treatment Assessment (Medicaid); Assessment: Co-C | | ons-Mental Health; |
| 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 Ev | valuations | | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Dombrowski, Lydia | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)305-8881 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Neme | A | A ddroop | Dhana | Fey |
|---------------------------|--|--|----------------------|----------------------|
| Name | Agency | Address | Phone | Fax |
| 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 | idual; 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: | , , | aid); 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 | idual; Juvenile Non-Residential Services Outpatient - Family; Juvenile | e Non-Residential Se | ervices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Man Psychological Evaluation | agement; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment | Assessment (bio-ps | sychosocial); |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | gical Evaluation | |
| 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: | Adult Assessment Services Substance Abuse Eva Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment | Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | J. | | |
| 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 Eva Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment | Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | , | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Earley, Morgan | Morgan Earley LLC | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128 | (402)302-0353 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv reatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment / | Assessment |
| Other Services: | Sliding Fee Scale; | | | |

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| Name | Agency | Address | Phone | Fax |
| Earley, Morgan | Morgan Earley LLC | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128 | (402)302-0353 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential S Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Asses | sment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Eftink-Cary, Rachel | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7062 | (402)339-4358 |
| | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Groups; Juveni Juvenile Non-Residential Services Outpatient - C | 5 | bstance Abuse Evaluat | ions; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmer | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Eftink-Cary, Rachel | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7062 | (402)339-4358 |
| | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Groups; Juveni Juvenile Non-Residential Services Outpatient - C | | bstance Abuse Evaluat | ions; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmer | | Family Sessions- |
| 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 Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; , nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Non-Residential Services Intervention/Education; Juvenile Non-Re ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur | urring Treatment; Juve esidential Services Ou | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpa | tient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | g | | |

| Name | Agency | Address | Phone | Fax | | |
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| Name | Agency | Address | Попе | Ιαλ | | |
| 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 Outpatier Services Substance Abuse Evaluations; Juvenile | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - mily; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment rvices Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Family; renile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment rvices Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Family; renile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Status Exam (MSE); Assessment: Co-Oct | utpatient Therapy including Family Sessions-Mental Health; Outpatier curring | nt Therapy - Co-occi | urring; Assessment: | | |
| 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: | 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-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 | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | | | |
| | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment | | |
| 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: | 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-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juven ntial Services Outpa | nile Assessment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment | | |
| 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: | | | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Evaluation | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Outpatient Psychiatric Evaluation; Assessment: Mental Status Ex | nt Therapy - Eating I xam (MSE); Assessi | Disorder; Assessment ment: Psychological | | |
| 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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| 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 | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatienent: Outpatient Psychiatric Evaluation; Assessment: Mental Status E | | | | |
| 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 | | |
| Substance Abuse Services: | 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; A Services Substance Abuse Evaluations; Juvenile Non-Residential Serv uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R Co-Occurring Treatment | dult Non-Residential | Services Outpatient lucation; Juvenile | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | utpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Status Exam (MSE); Assessment: Co-Oc | utpatient Therapy including Family Sessions-Mental Health; Outpatien curring | nt Therapy - Co-occi | urring; Assessment: | | |
| 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 Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ec | Services Outpatient lucation; Juvenile | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Mental Status Exam (MSE); Assessment: Co-Oc | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occi | urring; Assessment: | | |
| Other Services: | | g | | | | |
| Flowers , LaRhonda | Papa Josh LLC | 3348 Ames Omaha NB 68134 | (402)218-0685 | | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | | | | | | |
| Other Services | | | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Flowers , LaRhonda | Papa Josh LLC | 3348 Ames Omaha NB 68134 | (402)218-0685 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | 1 19 | | | |
| Other Services: | | | | |
| Flowers, LaRhonda | Hope and Wellness Center PC | 11414 W Center Rd #233 Omaha NB 68144 | (402)917-1054 | |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Intervention/Educat tient - Individual; Adult Non-Residential Services Intensive Outpa | | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmer | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Pre-Treatment Assessment (Medicaid); Assess | Outpatient Therapy including Group Sessions-Mental Health; Or sment: Co-Occurring | utpatient Therapy - Co-occu | urring; Assessment: |
| Other Services: | | J | | |
| Flowers, LaRhonda | Hope and Wellness Center PC | 11414 W Center Rd #233 Omaha NB 68144 | (402)917-1054 | |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Intervention/Educat tient - Individual; Adult Non-Residential Services Intensive Outpa | | Services Outpatient |
| | Outpatient Therapy; Pre-Treatment Assessmer | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Pre-Treatment Assessment (Medicaid); Assess | Outpatient Therapy including Group Sessions-Mental Health; Ou sment: Co-Occurring | utpatient Therapy - Co-occu | urring; Assessment: |
| Other Services: | | 3 | | |
| Foxx, Karen | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 19 | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Foxx, Karen | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 19 | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Francke, Jennifer | Jennifer Francke Psychotherapy LLC | 11907 Arbor St Suite G Omaha NB 68144 | (402)319-3016 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individu | ual; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Co-Occurring Treatment 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 - Individu | ual; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Frenzen, Jessica | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| 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- Non-Residential Services Outpatient - Groups; Juvenile Non- Juvenile Non-Residential Services Outpatient - Co-Occurring | Occurring Treatment; Juvenile Residential Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Order; Outpatient Therapy - Co-occurring; Assessment: Pre-Treaters | | |
| Other Services: | Occurring | | | |
| Frenzen, Jessica | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| 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- Non-Residential Services Outpatient - Groups; Juvenile Non- Juvenile Non-Residential Services Outpatient - Co-Occurring | Occurring Treatment; Juvenile Residential Services Outpatie | Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Or der; Outpatient Therapy - Co-occurring; Assessment: Pre-Trea | | |
| Other Services: | Coountry | | | |

| 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Eating Disor | der | | |
| 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 - Individual-Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| Other Services: | Mental Health, Outpatient Therapy - Eating Disor | dei | | |
| 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; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | 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: | | 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); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Garcia, Mary | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non- | Residential Services | s Intensive Outpatien |
| Mental Health Services: | Treatment Outpatient Therapy | | | |
| Juvenile Services: | estration morapy | | | |
| | Sliding Fee Scale; | | | |
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| Name | Agency | Address | Phone | Fax |
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| Garcia, Mary | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Farr Treatment | nily; Adult Non-Residential Services Outpatient - Individual; Adult Non- | Residential Services | s Intensive Outpatient |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 Therapy - Co-occurring; Intensive Ou | Outpatient Therapy including Family Sessions-Mental Health; Outpatie tpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpa nt Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment: Assessment: Co-Occurring | tient: Intensive Outp | atient Therapy-Youth |
| Other Services: | | j | | |
| 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 Therapy - Co-occurring; Intensive Ou | Outpatient Therapy including Family Sessions-Mental Health; Outpatie tpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpa nt Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | tient: Intensive Outp | atient Therapy-Youth |
| 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 Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Juvenile Assessment Services Substance Abuse Evalu I Services Outpatient - Family; Juvenile Non-Residential Services Out | ations; Juvenile Nor | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | ccurring | |
| | Psychiatric Residential Treatment Facility; Asses | | 5 | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Family; Juvenile Non-Residential Services Out | ations; Juvenile Nor | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring | |
| 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 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | dult Non-Residential | Services Outpatient |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T Evaluation | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Eval | uation; Psychologica |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Status Exam (MSE); | ent: Intensive Outpat Outpatient Therapy- | ient Therapy-Mental Co-occurring; |
| 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; 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: | Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Status Exam (MSE); | ent: Intensive Outpat Outpatient Therapy- | ient Therapy-Mental Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Gilfillan, Dameon | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| 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; Juveni es Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gilfillan, Dameon | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| 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 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; Juven es Outpatient - Fami |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gilroy, Helen | | 8031 West Center Rd Suite 307 Omaha NB 68124 | (402)708-3127 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Ad tient - Co-Occurring Treatment | ult Non-Residential | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Gilroy, Helen | | 8031 West Center Rd Suite 307 Omaha NB 68124 | (402)708-3127 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Ad tient - Co-Occurring Treatment | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Goodwin, Lori | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| Mental Health 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 Se Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (| | amily; Adult Non-Re rvices Substance Al ; Juvenile Non-Resid tient - Individual; Juv | esidential Services buse Evaluations; dential Services venile Non-Residentia |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | 1 |
| 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/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 ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient | Family; Adult Non-Re ervices Substance Al ; Juvenile Non-Resid | esidential Services ouse Evaluations; dential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | | |
| Other Services: | | 5 | | |
| 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 | | Residential Services | Outpatient - Individua |
| Gray, Alex | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | (402)932-3557 |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie | | Residential Services | Outpatient - Individua |
| Other Services: | | | | |
| Green, Faith | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | tient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | - | |
| Green, Faith | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ac int - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| | Non-Treatment: General Education Class; Outpa | tient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | | |
| Other Services: | Sliding Fee Scale; | | | |
| Green, Pamela | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Green, Pamela | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| 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/Education; Ac ant - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | 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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| 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; 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 So ices Substance Abuse E on-Residential Services | ervices Outpatient - Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | amily Sessions- |
| 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; 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 | Adult Non-Residential Se ices Substance Abuse E on-Residential Services | ervices Outpatient - Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | . 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 | 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 Treatu (bio-psychosocial); Co-Occurring | rring Treatment; Juvenile ential Services Outpatie | e Assessment nt - Family; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-Mental Health; Outpati urring; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| 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; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evaluatior | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Hea g; Assessment: Pre-Treatment Assessment (Medicaid) | alth; Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | | · · · · · · · · · · · · · · · · · · · | | |
| Hamilton, Teresa | Hamilton Behavioral Health Services | 203 W 29th Ave #6 Bellevue NB 68005 | (402)639-0435 | |
| | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - (nt - Individual; Adult Non-Residential Services Outpatier Non-Residential Services Outpatient - Groups; Juvenile Juvenile Non-Residential Services Outpatient - Co-Occ | nt - Co-Occurring Treatment; Juvenil e Non-Residential Services Outpatie | e Assessment ent - Family; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring putpatient Therapy including Family Sessions-Mental He | alth: Outpatient Therapy - Co-occur | ing: Intensive |
| Suvernie Services. | | surring; Assessment: Pre-Treatment Assessment (Medic | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hamilton, Teresa | Wiles Counseling & Assessment, Inc. | 7551 Main St., Ste 250 Ralston NB 68127 | (402)639-0435 | |
| | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Groups; Juveni Occurring Treatment | valuations; Adult Non-Residential Services Outpatient - (titent - Co-Occurring Treatment; Juvenile Assessment S ile Non-Residential Services Outpatient - Individual; Juve | ervices Substance Abuse Evaluation | ns; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | mily Cassiana |
| Juvenile Services. | | utpatient Therapy including Group Sessions-Mental Hea g; Assessment: Pre-Treatment Assessment (Medicaid) | ann, Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | | · · · · · · | | |
| Hancock, Katelynn | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| Substance Abuse Services: | | /aluations; Adult Non-Residential Services Intervention/ł ent - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hancock, Katelynn | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/F ent - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--------------------|
| Hansen, Mandy | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)537-7051 | |
| · • | - | Evaluations; Juvenile Non-Residential Services Outpatient - Groups; | | tial Services |
| Substance Abuse Services. | | rvices Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outp | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | mily Sessions- |
| Other Services: | Sliding Fee Scale; | , Assessment. Fie-freatment Assessment (Medicald), Assessment. | CO-Occurring | |
| 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 Outp | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | nt Therapy including Fa | mily Sessions- |
| Other Services: | Sliding Fee Scale; | | ee eecaning | |
| 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 I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment; Juvenile Non-Residential Services Intensive | ance Abuse Evaluation ential Services Outpatie | s; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I eatment Facility; Assessment: Pre-Treatment Assessment (Medicaid) | ntensive Outpatient: In | tensive Outpatient |
| 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 I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst le Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment; Juvenile Non-Residential Services Intensive | ance Abuse Evaluation ential Services Outpatie | is; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I eatment Facility; Assessment: Pre-Treatment Assessment (Medicaid) | ntensive Outpatient: In | tensive 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

| Name | Agency | Address | Phone | Fax |
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| 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 - Individual-Mental Health; | Outpatient Therapy including Family Sessions-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 - Individual-Mental Health; | Outpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Harper, Hallie | Team Inc | 4401 N 21st St Omaha NB 68110 | (402)960-9784 | |
| | Groups; Adult Non-Residential Services Outpa | • | dual; Juvenile Assessment | Services Substance |
| | Non-Treatment: Family Support Worker; Non- | Treatment: Anger Management Class; Outpatient Therapy - Indiverse including Family Sessions-Mental Health; Intensive Outpat | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Harper, Hallie | Team Inc | 4401 N 21st St Omaha NB 68110 | (402)960-9784 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpa | Evaluations; Adult Non-Residential Services Intervention/Educat atient - Family; Adult Non-Residential Services Outpatient - Indivi Services Intervention/Education; Juvenile Non-Residential Services esidential Services Outpatient - Individual | dual; Juvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessme | nt (bio-psychosocial) | | |
| Juvenile Services: | | Treatment: Anger Management Class; Outpatient Therapy - Indiverse including Family Sessions-Mental Health; Intensive Outpat | | |
| Other Services | Sliding Fee Scale: Hearing Impaired: | | | |

Other Services: Sliding Fee Scale; Hearing Impaired;

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|----------------------------------|
| 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 - Individual-Mental Health; Outpatient Therapy ind | cluding Family Sessions | -Mental Health; |
| Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE) | | |
| Harvey, Alexandra | Community Options Individual and Family Services LLC | 1941 S. 42nd St. Suite 134 Omaha NB 68105 | (308)293-1265 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy ind | cluding Family Sessions | -Mental Health; |
| Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid), Assessment. Mental Status Exam (MSE) | | |
| 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 - Ir | valuations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurri Nor-Residential Services Therapeutic Community or Therapeutic Grou | ring Treatment; Juvenil sidential Services Outpa ng Treatment; Juvenile | e Assessment itient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Tr | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 - Ir | valuations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occur e Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurri ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri e Residential Services Therapeutic Community or Therapeutic Grou | ring Treatment; Juvenil sidential Services Outpa ng Treatment; Juvenile | e Assessment itient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Tr | | |
| Other Services | Sliding Fee Scale; | | | |

| 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 Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment; Juvenile Residential Service | | Adult Non-Residential S Dual Residential (MH/S Non-Residential Servio utpatient - Family; Juve | Services Outpatient SA); Adult ces enile Non-Residenti |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ment-Mental Health; Day Treatment: Day Treatment - Co-occurring; | Intensive Outpatient: I | ntensive Outpatient |
| Other Services: | | | | |
| 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 utpatient - Family; Juve | Services Outpatient SA); Adult ces enile Non-Residentia |
| | 1 137 | | at The second in clustic of F | e mile Ceneirone |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ment-Mental Health; Day Treatment: Day Treatment - Co-occurring; | Intensive Outpatient: I | ntensive Outpatient |
| 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; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | ervices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | ing realition | |
| Juvenile Services: | | · _ | | |
| | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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; Adut t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri | | vices Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | ing rreatment | |
| 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; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri | | es Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| 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; Adult | | es Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri (bio-psychosocial); Co-Occurring | ing rreatment | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hernandez, Antonieta | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Hernandez, Antonieta | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Herout, Christine | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4212 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; t - Individual; Adult Non-Residential Services Outpatient - Co-C esidential Services Dual Residential (MH/SA); Adult Residentia | Dccurring Treatment; Adult N | on-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | ent Assessment (bio-psychosocial); Co-Occurring | | |
| Herout, Christine | Veterans Affairs Medical Center (Veterans Only) | | (402)995-4212 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C esidential Services Dual Residential (MH/SA); Adult Residentia | Dccurring Treatment; Adult N | on-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | ent Assessment (bio-psychosocial); Co-Occurring | | |
| Hewitt, Mary | Choice*Change*Consequence, LLC | 3193 Sheridan Blvd Lincoln NB 68502-5232 | (402)217-7234 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Hewitt, Mary | Choice*Change*Consequence, LLC | 3193 Sheridan Blvd Lincoln NB 68502-5232 | (402)217-7234 | |
| 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 I co-Occurring sment: Pre-Treatment Assessment (Medicaid); Assessment: Co | | Services Short Te |

| Name | Agency | Address | Phone | Fax |
|---|---|---|-----------------------|------------------------|
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Substance Abuse Services: | | ity; Juvenile Residential Services Halfway-House or SA Group Home | ; Juvenile Residentia | al Services Short Tern |
| Mental Health Services: | Residential Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urrina | |
| | Sliding Fee Scale; | (| | |
| Higgins, Joy | Collaborative Industries Inc | 5701 Thompson Creek Blvd Ste 200 Lincoln NB 68516 | (712)242-0533 | (712)242-0534 |
| | Adult Non-Residential Services Outpatient - Indiv Intensive Outpatient Treatment | cation; Adult Non-Residential Services Outpatient - Groups; Adult No ridual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Lie evice en las en eine els | | | |
| Other Services. | Hearing Impaired; | | | |
| Higgins, Joy | Collaborative Industries Inc | 5701 Thompson Creek Blvd Ste 200 Lincoln NB 68516 | (712)242-0533 | (712)242-0534 |
| | | cation; Adult Non-Residential Services Outpatient - Groups; Adult No vidual; Adult Non-Residential Services Outpatient - Co-Occurring Trea (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; | | | |
| Hightower, Tom | The 1212 House | 3525 Evans St. Omaha NB 68111 | (402)598-4792 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Hightower, Tom | The 1212 House | 3525 Evans St. Omaha NB 68111 | (402)598-4792 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---------------------------------------|
| 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 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; Juver ntial Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | | | | |
| 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 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; Juver | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | | Family Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring | ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Co-Occurring | |
| 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 Outpat Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Outpatient - Family; Adult l ient - Co-Occurring Treatment; Adult Non-Residential Services Inten ons; Juvenile Non-Residential Services Outpatient - Family; Juvenile patient - Co-Occurring Treatment; Juvenile Non-Residential Services | 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 Outpat Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Outpatient - Family; Adult l ient - Co-Occurring Treatment; Adult Non-Residential Services Inten ons; Juvenile Non-Residential Services Outpatient - Family; Juvenile patient - Co-Occurring Treatment; Juvenile Non-Residential Services | 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; | | | |

| 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 | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Asses | sment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| 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; Asses | sment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| 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 | 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 | Services Intensive |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | 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 | |
| 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 ces Substance Abus n-Residential Servic | I Services Outpatient e Evaluations; Juveni ces Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | eatment: Anger Management Class; Outpatient Therapy - Individual-N py - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy | | |
| 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 |
|--------------------------|--|--|--|--|
| Jackson, Sybil | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)779-9438 | |
| | 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 ent - Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenile Asse n; Juvenile Non-Residential Services Outpatient - Group Individual; Juvenile Non-Residential Services Outpatien | t - Individual; Adult Non-Residential S essment Services Substance Abuse I ps; Juvenile Non-Residential Services | ervices Outpatient Evaluations; Juver 6 Outpatient - Fam |
| | : Non-Treatment: Family Support Worker; Non-Tr Group Sessions-Mental Health; Outpatient Thera Intensive Outpatient Therapy-Co-occurring | eatment: Anger Management Class; Outpatient Therap apy - Co-occurring; Intensive Outpatient: Intensive Outp | | |
| Other Services | 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 Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - ent - Individual; Adult Non-Residential Services Outpatie e Non-Residential Services Outpatient - Groups; Juven l; Juvenile Non-Residential Services Outpatient - Co-Oc | ent - Co-Occurring Treatment; Juvenil ile Non-Residential Services Outpatie | e Assessment |
| Mental Health Services | : Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial) | | |
| Juvenile Services | | Dutpatient Therapy including Group Sessions-Mental He order; Assessment: Pre-Treatment Assessment (Medica | | amily Sessions- |
| 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 Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - ent - Individual; Adult Non-Residential Services Outpatie e Non-Residential Services Outpatient - Groups; Juven I; Juvenile Non-Residential Services Outpatient - Co-Oc | ent - Co-Occurring Treatment; Juvenil ile Non-Residential Services Outpatie | e Assessment |
| Mental Health Services | : Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial) | | |
| Juvenile Services | | Dutpatient Therapy including Group Sessions-Mental He order; Assessment: Pre-Treatment Assessment (Medica | | amily Sessions- |
| Other Services | Sliding Fee Scale; Hearing Impaired; | | 10) 10) | |
| Jauriqui , Melissa | MAK Development (Michael's House) | 6607 Maple St Omaha NB 68104 | (402)415-5112 | |
| Substance Abuse Services | : | | | |
| Mental Health Services | · Outpatient Therapy | | | |
| Juvenile Services | | | | |

Other Services: Bilingual Services;

| | _ | | | |
|---------------------------|---|--|--|---|
| Name | Agency | Address | Phone | Fax |
| Jauriqui , Melissa | MAK Development (Michael's House) | 6607 Maple St Omaha NB 68104 | (402)415-5112 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| 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 | raluations; Adult Non-Residential Services Outpatient - Groups; Adul ht - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Nor Services Outpatient - Groups; Juvenile Non-Residential Services O esidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor | ring Treatment; Adult n-Residential Services utpatient - Family; Ju | t Non-Residential s venile Non-Residentia |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | Intensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | raluations; Adult Non-Residential Services Outpatient - Groups; Adul ht - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Nor Services Outpatient - Groups; Juvenile Non-Residential Services O esidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | ring Treatment; Adult n-Residential Services utpatient - Family; Ju on-Residential Servic ent Therapy including Intensive Outpatient: | t Non-Residential s venile Non-Residentia es Intensive Family Sessions- t Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | en Assessment (Meuleau), Assessment. Mental Status Exam (MSE | <i>)</i> , Assessment. 00-0 | ccurring |
| | - | 4044 Courts 40rd Charact Cuits 2000 Courts - ND 00405 | (400)044.0444 | (400)044.0440 |
| Johnson, Kathleen | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | <i>.</i> | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | A |
| | Outpatient Therapy - Individual-Mental Health; O (Medicaid) Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Assessi | nent: Pre-Treatment | 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 |
|---------------------------|---|---|--------------------------|------------------|
| 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 Asses | ssment (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental He (Medicaid) | ealth; Outpatient Therapy including Family Sessions-Mental Health; Asse | essment: Pre-Treatment | Assessment |
| 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: | | | | |
| 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, China | P.U.S.H. Transitional Living | 2620 N. 34th Omaha NB 68111 | (402)505-1864 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Jones, China | P.U.S.H. Transitional Living | 2620 N. 34th Omaha NB 68111 | (402)505-1864 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Jones, Connie | | 1941 S 42nd Street Suite 110 Omaha NB 68105 | (402)210-7123 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Asses | ssment (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental He Mental Health; Assessment: Pre-Treatme | ealth; Outpatient Therapy including Group Sessions-Mental Health; Outp ent Assessment (Medicaid) | atient Therapy including | Family Sessions- |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---|--|---|------------------------------|----------------|
| Jones, Connie | Our Square LLC | 6120 Sprague St Omaha NB 68104 | (402)210-7123 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Jones, Connie | | 1941 S 42nd Street Suite 110 Omaha NB 68105 | (402)210-7123 | |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outp | patient Therapy including Fa | mily Sessions- |
| Jones, Connie | Our Square LLC | 6120 Sprague St Omaha NB 68104 | (402)210-7123 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Jones, Kimberly | Eastern Nebraska Community Action Partnership Inc | 2406 Fowler Avenue Omaha NB 68111 | (402)453-5656 | |
| | | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disor Occurring | utpatient Therapy including Group Sessions-Mental Health; Outp der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatr | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, Kimberly | Eastern Nebraska Community Action Partnership Inc | 2406 Fowler Avenue Omaha NB 68111 | (402)453-5656 | |
| | | aluations; Adult Non-Residential Services Intervention/Educatior nt - Family; Adult Non-Residential Services Outpatient - Individu (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Activity (1997) | utpatient Therapy including Group Sessions-Mental Health; Outp der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatr | | |

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 |
|---------------------------|---|---|--|--|
| 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: | | valuations; Adult Non-Residential Services Outpatient - Family; Adult ance Abuse Evaluations; Juvenile Non-Residential Services Outpatie | | |
| Mental Health Services: | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | Occurring | |
| | Pre-Treatment Assessment (Medicaid); Assessm | outpatient Therapy including Family Sessions-Mental Health; Outpati nent: Mental Status Exam (MSE) | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | Bilingual Services; | | | |
| Kaipust, Jamie | A Desired Life Therapy and Counseling LLC | 8031 West Center Road Suite 210 Omaha NB 68124 | (402)990-7362 | (402)763-8915 |
| | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | valuations; Adult Non-Residential Services Outpatient - Family; Adult ance Abuse Evaluations; Juvenile Non-Residential Services Outpatie | ent - Family; Juvenile | |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | • | |
| | Pre-Treatment Assessment (Medicaid); Assessm | outpatient Therapy including Family Sessions-Mental Health; Outpati nent: Mental Status Exam (MSE) | ent Therapy - Co-occ | urring; Assessment |
| 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 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-Occurri | Adult Non-Residentia ices Substance Abus on-Residential Servic | l Services Outpatier e Evaluations; Juve es Outpatient - Fan |

Services Intensive Outpatient Treatment

| Name | Agency | Address | Phone | Fax |
|--|---|---|--|--|
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| 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 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 Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | 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 |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential S Treatment | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A 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 y; Juvenile Non-Res | Services Outpatient - /SA); Adult rices Care Monitoring dential Services |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Koch. Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | | |
| | Stephen Center | SZTI S ZOUI SU OMANA ND 00107 | (402)715-5451 | (402)715-5452 |
| | Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juvy SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential S | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services D enile Assessment Services Substance Abuse Evaluations; Juvenile N titient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider | dult Non-Residentia dult Non-Residential Dual Residential (MH Non-Residential Servy; Juvenile Non-Res | Services Outpatient Services Outpatient /SA); Adult rices Care Monitoring dential Services |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juvy SA/MH; Juvenile Non-Residential Services Outpa | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A 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-Resider | dult Non-Residentia dult Non-Residential Dual Residential (MH Non-Residential Servy; Juvenile Non-Res | Services Outpatient Services Outpatient /SA); Adult rices Care Monitoring dential Services |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential S Treatment Outpatient Therapy; Pre-Treatment Assessment (| aluations; Adult Non-Residential Services Care Monitoring SA/MH; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A 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-Resider | dult Non-Residentia dult Non-Residential Dual Residential (MH Non-Residential Servy; Juvenile Non-Res | Services Outpatient Services Outpatient /SA); Adult rices Care Monitoring dential Services |

| 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 Outpatier Services Intensive Outpatient Treatment; Juvenil Juvenile Non-Residential Services Outpatient - F Co-Occurring Treatment | valuations; 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 | ing Treatment; Adult N Residential Services (| lon-Residential Dutpatient - Groups |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Sessions-Mental Health; Assessment: Pre-Treatr | eatment: Mentoring; Outpatient Therapy - Individual-Mental Health; O ment Assessment (Medicaid); Assessment: Mental Status Exam (MS | | iding Family |
| Other Services: | Bilingual Services; | | | |
| Kola, Betty | Buoyant Family Services Counseling and Consulting LLC | The Center-Suite 106 1941 S 42nd St Omaha NB 68105 | (402)905-1120 | |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil Juvenile Non-Residential Services Outpatient - F Co-Occurring Treatment | valuations; 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 (his result associated) | ing Treatment; Adult N Residential Services (| Ion-Residential Dutpatient - Groups |
| | Outpatient Therapy; Pre-Treatment Assessment | | ute etient The second in ele | alia a Facalita |
| Juvenile Services. | | eatment: Mentoring; Outpatient Therapy - Individual-Mental Health; O ment Assessment (Medicaid); Assessment: Mental Status Exam (MS | | loing Family |
| Other Services: | Bilingual Services; | | , | |
| 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 | valuations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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: | | | | |

| 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 Partial Ca | valuations; Adult Non-Residential Services Outpatient - Groups; A are; Adult Non-Residential Services Outpatient - Individual; Adult vices Intensive Outpatient Treatment; Adult Residential Services I I Services Short Term Residential | Non-Residential Service | s Outpatient - Co- |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); 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 Partial Concurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residential | | Non-Residential Service | s Outpatient - Co- |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | 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 | Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outp ental Health; Outpatient Therapy including Family Sessions-Menta order; Intensive Outpatient: Intensive Outpatient Therapy-Mental H Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asses sment: Juvenile Who Sexually Harm Risk Assessment | al Health; Outpatient The lealth; Intensive Outpati | erapy - Youth Who ent: Intensive |
| 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 | Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outp ental Health; Outpatient Therapy including Family Sessions-Menta order; Intensive Outpatient: Intensive Outpatient Therapy-Mental H Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asses sment: Juvenile Who Sexually Harm Risk Assessment | al Health; Outpatient The lealth; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services | | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|-------------------------|-----------------|
| anning, Krystal | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Eva Outpatient Therapy; Pre-Treatment Assessment (Sliding Fee Scale; | aluations; Juvenile Assessment Services Substance Abuse Evaluatio bio-psychosocial); Co-Occurring | ons | |
| anning, Krystal | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Eva Outpatient Therapy; Pre-Treatment Assessment (Sliding Fee Scale; | aluations; Juvenile Assessment Services Substance Abuse Evaluatio bio-psychosocial); Co-Occurring | ons | |
| arson, Bridget | | 2730 South 87th Street Omaha NB 68124 | (402)331-8085 | |
| | Outpatient Therapy; Adults who Sexually Harm En Assessment: Pre-Treatment Assessment (Medica | valuation; Psychological Evaluation id); Assessment: Outpatient Psychiatric Evaluation; Assessment: Ps | sychological Evaluation | on |
| arson, Bridget | | 2730 South 87th Street Omaha NB 68124 | (402)331-8085 | |
| | Outpatient Therapy; Adults who Sexually Harm En Assessment: Pre-Treatment Assessment (Medica | valuation; Psychological Evaluation iid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Ps | sychological Evaluation | on |
| aufenberg , James | | 11069 I Street Omaha NB 68137 | (402)290-2602 | (888)507-5931 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res o-Occurring Treatment | rring Treatment; Juve | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| 5 | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou Occurring | itpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asses | sment (Medicaid); As | ssessment: 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 |
|---|---|---|---|---|
| Laufenberg , James | • | 11069 I Street Omaha NB 68137 | (402)290-2602 | (888)507-5931 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res o-Occurring Treatment | rring Treatment; Juve | enile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asses | sment (Medicaid); As | ssessment: Co- |
| Other Services: | | | | |
| Leddy, Kayla | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| | 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 | vices Intervention/Ed | lucation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; As | ssessment: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Leddy, Kayla | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential vices Intervention/Ed | Services Outpatient lucation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Lemen, Jason | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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 |
|---------------------------|---|--|----------------------|-------------------|
| Lemen, Jason | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| _iester, Courtney | Courtney Liester LLC | 7905 L St Suite 410 Omaha NB 68127 | (402)577-0173 | |
| | | aluations; Adult Non-Residential Services Outpatient - Family; Adul nce Abuse Evaluations; Juvenile Non-Residential Services Outpatie (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpati | ent Therapy - Co-occ | urring; Assessmen |
| Other Services: | Sliding Fee Scale; | J. J | | |
| Liester, Courtney | Courtney Liester LLC | 7905 L St Suite 410 Omaha NB 68127 | (402)577-0173 | |
| | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | aluations; Adult Non-Residential Services Outpatient - Family; Adul nce Abuse Evaluations; Juvenile Non-Residential Services Outpatie | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | iont Thorapy Co. occ | urring: Accoccmon |
| Suverine Services. | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessmer Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Lindner, Jennifer | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| _indner, Jennifer | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); P | , . | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |

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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 |
|---------------------------|--|---|----------------------------|
| Louderback, Thomas | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Ec ent - Family; Adult Non-Residential Services Outpatient - In 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: | | valuations; Adult Non-Residential Services Intervention/Ec ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | |
| Juvenile Services: | | | |
| Other Services: | | | |
| Lowery, Angel | All Communities Outreach Services DBA TRAC Reentry Services | 7608 S 25th Street Bellevue NB 68147 | (402)257-1122 |
| Substance Abuse Services: | | | |
| Mental Health Services: | Outpatient Therapy | | |
| Juvenile Services: | | | |
| Other Services: | | | |
| Lowery, Angel | All Communities Outreach Services DBA TRAC Reentry Services | 7608 S 25th Street Bellevue NB 68147 | (402)257-1122 |
| Substance Abuse Services: | | | |
| Mental Health Services: | Outpatient Therapy | | |
| Juvenile Services: | | | |
| Other Services: | | | |
| Luck, Jonnae | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7403 (402)552-744 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Gr nt - Individual; Adult Non-Residential Services Outpatient | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | oo oodanniy meatment |
| Juvenile Services: | | | |
| Other Services | Sliding Fee Scale: | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---------------------|
| 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; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | ing freatment | |
| 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; 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) | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Psychiat | ric Residential Treat | ment Facility; |
| Other Services: | Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; | aid); Assessment: Mental Status Exam (MSE) | | |
| | | | | |
| 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 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 |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Assessment: Pre-Treatment Assessment (Medica | utpatient Therapy including Family Sessions-Mental Health; Psychiati aid); Assessment: Mental Status Exam (MSE) | ric Residential Treat | ment Facility; |
| 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 Se | rvices Outpatient - |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|--|---|--|------------------------------------|----------------|
| lahnke, Ryan | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)214-9254 | |
| Substance Abuse Services: Mental Health Services: | Individual | Evaluations; Adult Non-Residential Services Outpatient - Gr | oups; Adult Non-Residential Servic | ces Outpatient |
| Juvenile Services: Other Services: | | | | |
| Manning, Tia | Wholehearted Therapy | 2126 N 117th Ave Omaha NB 68164 | (402)403-5134 | |
| | Individual; Adult Non-Residential Services Outp | Evaluations; Adult Non-Residential Services Outpatient - Gr patient - Co-Occurring Treatment; Juvenile Non-Residential venile Non-Residential Services Outpatient - Co-Occurring | Services Outpatient - Groups; Juve | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Manning, Tia | Wholehearted Therapy | 2126 N 117th Ave Omaha NB 68164 | (402)403-5134 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outp | Evaluations; Adult Non-Residential Services Outpatient - Gr patient - Co-Occurring Treatment; Juvenile Non-Residential venile Non-Residential Services Outpatient - Co-Occurring | Services Outpatient - Groups; Juve | |
| | Outpatient Therapy; Pre-Treatment Assessmer | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | | | |
| Mathouser, Tobi | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)231-1972 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Mathouser, Tobi | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)231-1972 | |
| | | | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Matulka, Megan | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5492 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Partial C | aluations; Adult Non-Residential Services Intervention/Education; Care; Adult Non-Residential Services Outpatient - Individual; Adult I vices Intensive Outpatient Treatment; Adult Residential Services Du I Services Short Term Residential | Non-Residential Services | s Outpatient - Co- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Matulka, Megan | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5492 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Partial C | valuations; Adult Non-Residential Services Intervention/Education; Care; Adult Non-Residential Services Outpatient - Individual; Adult I vices Intensive Outpatient Treatment; Adult Residential Services Du I Services Short Term Residential | Non-Residential Services | s Outpatient - Co- |
| Mental Health Services: | Outpatient Therapy | | | |
| 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; Juvenil | 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 amily; Juvenile Non-Residential Services Outpatient - Individual; Ju ial Services Intensive Outpatient Treatment | urring Treatment; Adult I on-Residential Services | Non-Residential Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health | 1,2 0 | |
| Other Services: | | 3 | | |
| 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; Juvenil | 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 amily; Juvenile Non-Residential Services Outpatient - Individual; Ju ial Services Intensive Outpatient Treatment | urring Treatment; Adult I on-Residential Services | Non-Residential Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Intensive Outpatient: Intensive Outpatient Therapy-Mental HealtI | | |

| Name | Agency | Address | Phone | Fax |
|--|---|--|---|---------------------------------------|
| Other Services: | | | | |
| 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 Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residential ervices Intervention/Edu | Services Outpatient ucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asse | essment (Medicaid); As | sessment: Mental |
| Other Services: | | | | |
| 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 | | Adult Non-Residential ervices Intervention/Edu | Services Outpatient ucation; Juvenile |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asse | essment (Medicaid); As | sessment: Mental |
| | | | | |
| Mayfield, Latois | P.U.S.H. Transitional Living | 2620 N. 34th Omaha NB 68111 | (402)871-2952 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Mayfield, Latois | P.U.S.H. Transitional Living | 2620 N. 34th Omaha NB 68111 | (402)871-2952 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| | Sliding Fee Scale; Hearing Impaired; Bilingual Se | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|----------------------|---|
| 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 | | |
| | (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE); Assessment: Psychological Evaluation | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| 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 - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE); Assessment: Psychological Evaluation | ent: Pre-Treatment | Assessment |
| 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 | 0 | dult Non-Residential | Services Outpatient lucation; Juvenile |
| | Non-Treatment: General Education Class; Non-T | reatment: Mentoring; Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy i | ncluding Group |
| Other Services: | Sessions-Mental Health; Outpatient Therapy Inclu | uding Family Sessions-Mental Health; Assessment: Co-Occurring | | |
| 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 | | dult Non-Residential | Services Outpatient lucation; Juvenile |
| | Non-Treatment: General Education Class; Non-T | reatment: Mentoring; Outpatient Therapy - Individual-Mental Health; uding Family Sessions-Mental Health; Assessment: Co-Occurring | Outpatient Therapy i | ncluding Group |
| Other Services: | | uting raming Sessions-mental realth, Assessment. Co-Occuming | | |

| Name | Agency | Address | Phone | Fax |
|--|--|---|----------------------|-----------------------|
| McCullough, Cynthia | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)932-2537 | (402)932-2534 |
| | 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: | Sliding Fee Scale; | | | |
| 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, Otis | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)932-2537 | (402)592-1173 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual | lult 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 |
| | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ac ant - Family; Adult Non-Residential Services Outpatient - Individual | lult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services S | dult Non-Residentia | Services Outpatient |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
|--|--|--|----------------------|---------------------|
| 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 | 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-Residentia | 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 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Individual; Ad | dult Non-Residential | Services Intensive |
| 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 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individual; Ad | dult Non-Residential | Services Intensive |
| Mental Health Services: | Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial). Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| McGuire, Zach | Murphy's Turning Point | 1110 N 31st Ave Omaha NB 68131 | (402)598-8639 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| McGuire, Zach | The Cynthia House LLC | 3119 Myrtle Ave Omaha NB 68131 | (402)598-8639 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone Fax |
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| McGuire, Zach | Murphy's Turning Point | 1110 N 31st Ave Omaha NB 68131 | (402)598-8639 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | |
| McGuire, Zach | The Cynthia House LLC | 3119 Myrtle Ave Omaha NB 68131 | (402)598-8639 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | |
| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 (402)905-94 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | Evaluations | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial |); Co-Occurring | |
| Juvenile Services: Other Services: | | erapy-Mental Health; Intensive Outpatient: Intensive Outpa Status Exam (MSE); Assessment: Co-Occurring | tient Therapy-Co-occurring; Assessment: Pre-Trea |
| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 (402)905-94 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | Evaluations | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial |); Co-Occurring | |
| Juvenile Services: Other Services: | | erapy-Mental Health; Intensive Outpatient: Intensive Outpa Status Exam (MSE); Assessment: Co-Occurring | tient Therapy-Co-occurring; Assessment: Pre-Trea |
| McNeil, Tasha | Our Square LLC | 6120 Sprague St Omaha NB 68104 | (402)415-9217 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | |

| Name | Agency | Address | Phone | Fax |
|---|---|--|--|--|
| AcNeil, Tasha | Our Square LLC | 6120 Sprague St Omaha NB 68104 | (402)415-9217 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| AcNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (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 | valuations; 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 - G | ndividual; Adult Non-Residential Se ment Services Substance Abuse Ev Juvenile Non-Residential Services (| rvices Outpatient - /aluations; Juvenil Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Healt | - Outpatient Therapy including Far | nily Soccions |
| Suverille Services. | Mental Health; Outpatient Therapy - Co-occurring | | n, Outpatient merapy including Fai | The Sessions- |
| Other Services: | Sliding Fee Scale; | - | | |
| | | | | |
| AcNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (402)440-6496 | |
| 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 | valuations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Juvenile Assess ; Juvenile Non-Residential Services Outpatient - Groups; adividual; Juvenile Non-Residential Services Outpatient - O | ucation; Adult Non-Residential Sen ndividual; Adult Non-Residential Se ment Services Substance Abuse Ev Juvenile Non-Residential Services (| rvices Outpatient - /aluations; Juvenil Outpatient - Family |
| 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 - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | valuations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessi ; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - G (bio-psychosocial); Co-Occurring | ucation; Adult Non-Residential Ser ndividual; Adult Non-Residential Se ment Services Substance Abuse Ev Juvenile Non-Residential Services (Co-Occurring Treatment; Juvenile N | rvices Outpatient valuations; Juvenil Outpatient - Family Ion-Residential |
| 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 - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | valuations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessi ; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - G (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Healt | ucation; Adult Non-Residential Ser ndividual; Adult Non-Residential Se ment Services Substance Abuse Ev Juvenile Non-Residential Services (Co-Occurring Treatment; Juvenile N | rvices Outpatient valuations; Juvenil Outpatient - Family Ion-Residential |
| Substance Abuse Services: 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 - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | valuations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessi ; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - G (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Healt | ucation; Adult Non-Residential Ser ndividual; Adult Non-Residential Se ment Services Substance Abuse Ev Juvenile Non-Residential Services (Co-Occurring Treatment; Juvenile N | rvices Outpatient valuations; Juvenil Outpatient - Family Ion-Residential |
| Substance Abuse Services: 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 - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | valuations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessi ; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - G (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Healt | ucation; Adult Non-Residential Ser ndividual; Adult Non-Residential Se ment Services Substance Abuse Ev Juvenile Non-Residential Services (Co-Occurring Treatment; Juvenile N | rvices Outpatient - valuations; Juvenil Dutpatient - Family Ion-Residential |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Meckna, Shy 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 - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Breaking Sad LLC Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessis; Juvenile Non-Residential Services Outpatient - Groups; Andividual; Juvenile Non-Residential Services Outpatient - Geology, (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health 7005 N 88th Street Omaha NB 68122 valuations; Adult Non-Residential Services Intervention/Edential Services Outpatient - Family; Adult Non-Residential Services Intervention/Edential Services Outpatient - Family; Adult Non-Residential Services Outpati | ucation; Adult Non-Residential Ser ndividual; Adult Non-Residential Se ment Services Substance Abuse Ev Juvenile Non-Residential Services (Co-Occurring Treatment; Juvenile N h; Outpatient Therapy including Far (402)517-5199 ucation; Adult Non-Residential Ser | rvices Outpatient valuations; Juveni Outpatient - Famil Ion-Residential nily Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Meckna, Shy 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 - Ir Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Breaking Sad LLC Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessis; Juvenile Non-Residential Services Outpatient - Groups; Andividual; Juvenile Non-Residential Services Outpatient - Geology, (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health 7005 N 88th Street Omaha NB 68122 valuations; Adult Non-Residential Services Intervention/Edential Services Outpatient - Family; Adult Non-Residential Services Intervention/Edential Services Outpatient - Family; Adult Non-Residential Services Outpati | ucation; Adult Non-Residential Ser ndividual; Adult Non-Residential Se ment Services Substance Abuse Ev Juvenile Non-Residential Services (Co-Occurring Treatment; Juvenile N h; Outpatient Therapy including Far (402)517-5199 ucation; Adult Non-Residential Ser | rvices Outpatient valuations; Juveni Dutpatient - Famil Ion-Residential nily Sessions- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|----------------------|-----------------------|
| 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; A nt - Individual; Adult Non-Residential Services Intensive Outpatient T | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| · · · · | reatment | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Family; Adult Non-Residential Services Outpatient - I | | |
| 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 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Intensive Outpatient T | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| · · · · | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Meier, Monica | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7015 | (402)552-7444 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment | t Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| 5 | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Meier, Monica | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7015 | (402)552-7444 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment | t Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| 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; ht - 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 (hio-psychosocial); Co-Occurring | Adult Non-Residentia vices Substance Abus Ion-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Mental Status Exam (MS | ; Intensive Outpatient | Intensive Outpatient |
| 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; Ant - 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); Co-Occurring | Adult Non-Residentia vices Substance Abus Ion-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Mental Status Exam (MS | ; Intensive Outpatient | Intensive Outpatient |
| 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; Ant - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Souvenile Non-Residential Souvenile Non-Residential Services Outpatient - Family; Juvenile Non o-Occurring Treatment | Adult Non-Residentia ervices Intervention/Ed | Services Outpatient - ducation; Juvenile |
| | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individu ent Therapy including Family Sessions-Mental Health; Outpatient T ent Assessment (Medicaid); Assessment: Mental Status Exam (MS | herapy - Eating Disor | der; Outpatient |
| Other Services: | ő | | | |

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 |
|---------------------------|--|---|--|---|
| 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; Ant - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- venile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment (bio-psychosocial); Co-Occurring; Psychological Evaluation | Adult Non-Residential ervices Intervention/Ec | Services Outpatient ducation; Juvenile |
| | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individu ent Therapy including Family Sessions-Mental Health; Outpatient T ient Assessment (Medicaid); Assessment: Mental Status Exam (MS | herapy - Eating Disor | der; Outpatient |
| Montgomery Lewis, Monica | Lewis Counseling Services | 3825 Ames Ave Omaha NB 68111 | (402)320-3566 | (402)939-0755 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | | Evening Reporting; Non-Treatment: Anger Management Class; Out Intal Health; Outpatient Therapy including Family Sessions-Mental tus Exam (MSE) | | |
| Montgomery Lewis, Monica | Lewis Counseling Services | 3825 Ames Ave Omaha NB 68111 | (402)320-3566 | (402)939-0755 |
| Substance Abuse Services: | - | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: I Outpatient Therapy including Group Sessions-Me Assessment (Medicaid); Assessment: Mental Sta | Evening Reporting; Non-Treatment: Anger Management Class; Out ental Health; Outpatient Therapy including Family Sessions-Mental | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpat ent: Mental Status Exam (MSE); Assessment: Psychological Evalu | | urring; Assessment: |
| ()that Sandoon | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|---|--|--|--|--|
| 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: | | patient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: | | | | |
| Other Services: | | nent: Mental Status Exam (MSE); Assessment: Psychological I | Evaluation | | | |
| Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 | | |
| | 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 | s Substance Abuse Evaluat | ions; Juvenile Non- | | |
| | Outpatient Therapy; Co-Occurring | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Co-Occurring | Outpatient Therapy including Family Sessions-Mental Health; O | utpatient Therapy - Co-occu | urring; Assessment: | | |
| Other Services: | J | | | | | |
| 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 | valuations; Adult Non-Residential Services Outpatient - Family atient - Co-Occurring Treatment; Juvenile Assessment Service: le Non-Residential Services Outpatient - Individual; Juvenile No | s Substance Abuse Evaluat | ions; Juvenile Non- | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Co-Occurring | Outpatient Therapy including Family Sessions-Mental Health; O | utpatient Therapy - Co-occu | urring; Assessment: | | |
| Other Services: | 5 | | | | | |
| 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 Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi Services Intensive Outpatient Treatment; Juvenile Assessmen ı; 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; Juvenile es Outpatient - Family | | |
| | | <i></i> | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| | Outpatient Therapy - Individual-Mental Health; C | Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | valuations; 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 tient - Family; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | Non-Treatment: Intensive Family Preservation; C | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Ea | ating Disorder | |
| 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 Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse 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: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Intensive Outpatient: Intensive Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Group Sessions-Mental Health; Outpatier utpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outp pent: Co-Occurring | nt Therapy including atient Therapy-Co-o | Family Sessions- ccurring; Assessment: |
| 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 Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | valuations; 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 tient - Family; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Ea | ating Disorder | |
| 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 Services Intensive Outpatient Treatment; Adult R Residential Services Short Term Residential | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Residential Services Dual Residential (MH/SA); Adult Residential Serv | ing Treatment; Adult | Non-Residential |
| | Outpatient Therapy; Co-Occurring | | | |
| | Assessment: Pre-Treatment Assessment (Medic | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| 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 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 | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | sessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Nastase, 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; Ad 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: | | | | | | |
| Nastase, 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; Ad 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: | | | | | | |
| 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 | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment | | |
| 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 | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Me | utpatient Therapy including Family Sessions-Mental Health; Assessm SE): Assessment: Psychological Evaluation | ent: Pre-Treatment | Assessment | | |
| Other Services: | Sliding Fee Scale; | | | | | |

| Nama | A | Address | Dhama | Fair | |
|---------------------------|---|--|-----------------------|--------------------|--|
| 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 - Individual-Mental Health; Outpatient Therapy incl | | ns-Mental Health; | |
| Other Services: | Outpatient merapy including ramity Sessions-like | patient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health | | | |
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 | |
| Substance Abuse Services: | | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | | ns-Mental Health; | |
| Other Services: | Outpatient merapy including ramity dessions-inc | | | | |
| Nelson, William | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ever Residential | aluations; Adult Residential Services Dual Residential (MH/SA); Adul | t Residential Service | s 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 Eva | aluations; Adult Residential Services Dual Residential (MH/SA); Adul | t Residential Service | s Short Term | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | 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 | 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) | | | |
| Juvenile Services: | · · · · | · · · | | | |
| | Sliding Fee Scale; | | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|------------------------|-----------------------|
| 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; A es Outpatient - Groups; 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) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Neve, Sheri | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)706-9862 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Other Services: | | | | |
| | | | | |
| Neve, Sheri | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)706-9862 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; / Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| 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 Ev 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: | | | | |
| 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 Ev 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: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--------------------|
| 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 | ion |
| Juvenile Services: | (| aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological and the second states are second states and the second states are second states are second states are second states and the second states are s | ogical Evaluation; As | sessment: Juvenile |
| Other Services: | Who Sexually Harm Risk Assessment | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| | | y Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; P | , , | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological and the second state of the second s | ogical 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 Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - 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; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Me | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | ent: Pre-Treatment A | Assessment |
| 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 | 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; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| Other Services | (Medicaid); Assessment: Mental Status Exam (Ma Sliding Fee Scale; | SE) | | |
| Other Services. | Siluing ree 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 |
|---|---|---|----------------------|----------------------|
| 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; | | | |
| Pelt, Kamara | Carla Vista Sober Living LLC | 11648 Douglas St Omaha NB 68154 | (480)612-0296 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Pelt, Kamara | Carla Vista Sober Living LLC | 11648 Douglas St Omaha NB 68154 | (480)612-0296 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| 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 Evalua | enile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A | ssessment (bio-psyc | chosocial); Adults v |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | outpatient Therapy including Family Sessions-Mental Health; Outpatie aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological); | | |
| - · · · | The containy name not Accounting | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| 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 who |
| luvenile Services: | Sexually Harm Evaluation; Psychological Evaluat | ion utpatient Therapy including Family Sessions-Mental Health; Outpatier | ot Therapy - Vouth V | ho Sexually Harm |
| Suverine Services. | | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological and the status and the sta | | |
| Other Services: | Who Sexually Harm Risk Assessment | | | |
| Pierce , Elizabeth | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (405)552-7083 | |
| 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-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen 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: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| Pierce, Elizabeth | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (405)552-7083 | |
| 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-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider 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 | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| Other Services: | | , Assessment. 00-0000ming | | |
| Pope, Michelle | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)669-6204 | (402)939-0666 |
| Mental Health Services: | 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 Non-Treatment: Family Support Worker; Non-Tre | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Resi amily; Juvenile Non-Residential Services Outpatient - Individual; Juve essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment reatment: Intensive Family Preservation; Outpatient Therapy - Individual set Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; As SE) | ing Treatment; Juver dential Services Out enile Non-Residentia ent Assessment (bio al-Mental Health; Ou | nile Assessment patient - Groups; I Services Outpatient - -psychosocial); Co- tpatient Therapy |

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|---------------------------|--|--|--|--------------------------------------|--|--|
| Name | Agency | Address | Phone | Fax | | |
| 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 Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad at - 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; Juver 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: | Non-Treatment: Family Support Worker; Non-Tre | atment: Intensive Family Preservation; Outpatient Therapy - Individua ent Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; As SE) | al-Mental Health; Out ssessment: Pre-Trea | tpatient Therapy tment Assessment | | |
| 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 | uvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid); Assessment: Mental Status Exam (MSE) | nt Therapy including I | Family Sessions- | | |
| 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/Education | on | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid); Assessment: Mental Status Exam (MSE) | nt Therapy including I | Family Sessions- | | |
| 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 Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult | | dult Non-Residential | Services Outpatient | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: 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 | |
|---|--|--|---|---------------------|--|
| 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 | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | patient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Pulido, Ruben | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4518 | | |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Outpatient Therapy; Acute Inpatient; Pre-Treatme | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Serv ent Assessment (bio-psychosocial); Co-Occurring; Psychological Eva | ing Treatment; Adult ices Short Term Res | Non-Residential | |
| Other Services: | Bilingual Services; | | | | |
| 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 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: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | ent Assessment (bio-psychosocial); Co-Occurring; Psychological Eva | luation | | |
| Other Services: | Bilingual Services; | | | | |
| 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 Non-Treatment: Intensive Family Preservation; O | (bio-psychosocial) utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | uding Family Session | ns-Mental Health | |

Other Services: Sliding Fee Scale;

| 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: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclu | uding Family Sessio | ns-Mental Health |
| 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 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; Adu 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 al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; A | amily; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re utpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| 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; Adu 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 al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial) | amily; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re utpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| | | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Rice, Joan | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment of | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad (bio-psychosocial); Co-Occurring | ult Non-Residential S dult Non-Residential | Services Outpatient - Services Outpatient |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---------------------|---------------------|
| Rice, Joan | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | | | |
| | | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| Other 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 Out | | |
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessr | | |
| Other Services: | Hearing Impaired; 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 Out | | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessr | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|---|
| 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 Outpat Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - | | dividual; Adult Non-Residential S dential Services Intervention/Educ | ervices Outpatient - ation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessmen | | | |
| Juvenile Services: | | ent: Anger Management Class; Outpatient Therapy - Individ rapy including Family Sessions-Mental Health; Outpatient Th | | |
| Other Services: | Sliding Fee Scale; | | | |
| Rogers, Randall | Agape Counseling Services/Tubman Center Counseling | 3223 N 45th St Omaha NB 68104 | (531)777-1451 | |
| | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - | | dividual; Adult Non-Residential S dential Services Intervention/Educ | ervices Outpatient - ation; Juvenile |
| | Group Sessions-Mental Health; Outpatient The | it (bio-psychosocial); Co-Occurring ent: Anger Management Class; Outpatient Therapy - Individ rapy including Family Sessions-Mental Health; Outpatient Th | | |
| Other Services: | Assessment (Medicaid) Sliding Fee Scale; | | | |
| Rojas, Virgen | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)721-1774 | |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Intervention/Education - Co-Occurring Treatment; Adult Non-Residential Ser | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | |
| | Sliding Fee Scale; Bilingual Services; | | | |
| Rojas, Virgen | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)721-1774 | |
| | | | | |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Intervention/Edu atient - Co-Occurring Treatment; Adult Non-Residential Ser | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Root, Perry | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)215-7327 | |
| | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment | | lult Non-Residential dult Non-Residential | Services Outpatient - Services Outpatient - |
| Root, Perry | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)215-7327 | |
| | | | | |
| 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 | | | |
| | 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: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Royer, Mary | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7012 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Res idividual; 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 | | |
| | 1 137 | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | urring; Assessment: |

| Name | Agency | Address | Phone | Fax |
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| Other Services | Sliding Fee Scale; Bilingual Services; | | | |
| Royer, Mary | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7012 | |
| Substance Abuse Services | Groups; Adult Non-Residential Services Ou Services Substance Abuse Evaluations; Ju | use Evaluations; Adult Non-Residential Services Intervention/Edu utpatient - Individual; Adult Non-Residential Services Outpatient - uvenile Non-Residential Services Intervention/Education; Juvenile ent - Individual; Juvenile Non-Residential Services Outpatient - C | Co-Occurring Treatment; Juve Non-Residential Services Out | enile Assessment |
| Mental Health Services | : Outpatient Therapy; Pre-Treatment Assess | sment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services | : Outpatient Therapy - Individual-Mental Hea Pre-Treatment Assessment (Medicaid); As | alth; Outpatient Therapy including Group Sessions-Mental Health ssessment: Co-Occurring | ; Outpatient Therapy - Co-occu | urring; Assessment: |
| 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 Abu Evaluations | use Evaluations; Adult Residential Services Therapeutic Commun | nity; Juvenile Assessment Serv | vices Substance Abus |
| Mental Health Services | : Pre-Treatment Assessment (bio-psychosod | cial); Co-Occurring | | |
| Juvenile Services | : Psychiatric Residential Treatment Facility; | Assessment: Pre-Treatment Assessment (Medicaid); Assessmer | nt: Co-Occurring | |
| 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 Abu Evaluations | use Evaluations; Adult Residential Services Therapeutic Commun | nity; Juvenile Assessment Serv | vices Substance Abus |
| Mental Health Services | : Pre-Treatment Assessment (bio-psychosod | cial); Co-Occurring | | |
| Juvenile Services | : Psychiatric Residential Treatment Facility; | Assessment: Pre-Treatment Assessment (Medicaid); Assessmer | nt: 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 Ou Co-Occurring Treatment; Adult Non-Reside Non-Residential Services Intervention/Educ Juvenile Non-Residential Services Outpatie Services Intensive Outpatient Treatment | use Evaluations; Adult Non-Residential Services Intervention/Edu utpatient - Family; Adult Non-Residential Services Outpatient - In ential Services Intensive Outpatient Treatment; Juvenile Assessm ication; Juvenile Non-Residential Services Outpatient - Groups; Ju ent - Individual; 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 Assess | sment (bio-psychosocial): Co-Occurring | | |
| | | | | |
| Juvenile Services | Intensive Outpatient: Intensive Outpatient 1 Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 Int - 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 es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | 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; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial): Co-Occurring | | vices Outpatient - |
| | 1 137 | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| | | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr (bio.psychosocial): Co.Occurring | | vices Outpatient - |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occi | urring; Assessment: |
| 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 Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R co-Occurring Treatment; Juvenile Non-Residential Services Intensive | dult Non-Residential vices Intervention/Ec esidential Services (| Services Outpatient - lucation; Juvenile Dutpatient - Individual |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatme | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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 |
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| Saunders, Abby | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| 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; int - Family; Adult Non-Residential Services Outpatient - Individual services Substance Abuse Evaluations; Juvenile Non-Residential S uvenile Non-Residential Services Outpatient - Family; Juvenile Nor io-Occurring Treatment; Juvenile Non-Residential Services Intensi | ; Adult Non-Residential S Services Intervention/Edu n-Residential Services Ou | ervices Outpatient cation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | ent Assessment (Medicald), Assessment. Co-Occurring | | |
| 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; | | | |
| 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; | | | |
| Schnieder, Brian | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (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 | 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 enlle Non-Residential Services Outpatient - Co-Occurring Treatmer | - Family; Adult Non-Resi Services Intensive Outp ation; Juvenile Non-Resi s Outpatient - Family; Juv | idential Services atient Treatment; dential Services venile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive C | Outpatient Therapy-Co-oc | curring |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Schnieder, Brian | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (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 | aluations; Adult Non-Residential Services Intervention/Educat es Outpatient - Groups; Adult Non-Residential Services Outpa rvices Outpatient - Co-Occurring Treatment; Adult Non-Reside Evaluations; Juvenile Non-Residential Services Intervention/E al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Trea | tient - Family; Adult Non-Resi ential Services Intensive Outp Education; Juvenile Non-Resi vices Outpatient - Family; Juv | dential Services atient Treatment dential Services enile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensi | ve Outpatient Therapy-Co-oc | curring |
| 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 Ser Services Outpatient - Individual; Juvenile Non-Re | raluations; Adult Non-Residential Services Outpatient - Individu rvices Outpatient - Groups; Juvenile Non-Residential Services esidential Services Outpatient - Co-Occurring Treatment | | |
| | 5 | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensi | ve Outpetient Therepy Co. oo | ourring |
| Other Services: | Assessment: Co-Occurring | upatient merapy - co-occurring, intensive Outpatient. Intensi | ve Outpatient merapy-Co-oc | curning, |
| | | | | |
| 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 Ser Services Outpatient - Individual; Juvenile Non-Re | aluations; Adult Non-Residential Services Outpatient - Individu vices Outpatient - Groups; Juvenile Non-Residential Services esidential Services Outpatient - Co-Occurring Treatment | | |
| | 0 | utactiont Therepy. Co convering Intensive Outactions, Intensi | ve Outpetient Therepy Co. oo | |
| Juvenile Services: | Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensi | ve Outpatient Therapy-Co-oc | curring; |
| Other Services: | | | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health | utpatient Therapy including Group Sessions-Mental Health; Or | utpatient Therapy including Fa | amily Sessions- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including I | Family Sessions- |
| Other Services: | | | | |
| Sextro, Karla | Child Saving Institute | 4545 Dodge Street Omaha NB 68132 | (402)553-6000 | (402)553-2428 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Residential Services Intervention/Education; Juve | raluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ance Abuse Evaluations idential Services Ou | ons; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Out-Of-Home Shelter Care; Outpatient Therapy - including Family Sessions-Mental Health; Outpat | Individual-Mental Health; Outpatient Therapy including Group Sessic ient Therapy - Co-occurring | ons-Mental Health; O | utpatient Therapy |
| Other Services: | Sliding Fee Scale; | | | |
| Sextro, Karla | Child Saving Institute | 4545 Dodge Street Omaha NB 68132 | (402)553-6000 | (402)553-2428 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Residential Services Intervention/Education; Juve | valuations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ance Abuse Evaluation sidential Services Ou | ons; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Out-Of-Home Shelter Care; Outpatient Therapy - including Family Sessions-Mental Health; Outpat | Individual-Mental Health; Outpatient Therapy including Group Sessic ient Therapy - Co-occurring | ons-Mental Health; O | utpatient Therapy |
| Other Services: | Sliding Fee Scale; | | | |
| Sharples, Gavin | Cornerstone Recovery House | 1101 S. 28th Street Omaha NB 68105d | (402)215-7535 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| | rigency | | T Home | Tux |
| Sharples, Gavin | Cornerstone Recovery House | 1101 S. 28th Street Omaha NB 68105d | (402)215-7535 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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 | valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi tensive Outpatient Treatment | tance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio-p | sychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; In (Medicaid) | tensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asse | essment: Pre-Treatmen | t Assessment |
| 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 | valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Res tensive Outpatient Treatment | tance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio-p | sychosocial); Co- |
| Juvenile Services: | | tensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asse | essment: Pre-Treatmen | t Assessment |
| 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 Outpatien | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Residential Services Dual Residential (MH/SA); Adult Residential Services | ring Treatment; Adult N | Ion-Residential |
| Mental Health Services: Juvenile Services: Other Services: | | (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 |
|--|--|--|---|-------------------|
| 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; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ esidential Services Dual Residential (MH/SA); Adult Residential S | urring Treatment; Adult N | Ion-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (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 | aluations; Adult Non-Residential Services Intervention/Education; tt - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Intervention/Education; Juvenile Non-R idividual; Juvenile Non-Residential Services Outpatient - Co-Occu | urring Treatment; Juvenil esidential Services Outpa | e Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | tment Assessment (bio-p | sychosocial); Co- |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpa ient: Co-Occurring | tient Therapy - Co-occur | ring; Assessment: |
| 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-Occ Non-Residential Services Intervention/Education; Juvenile Non-R idividual; Juvenile Non-Residential Services Outpatient - Co-Occu | urring Treatment; Juvenil esidential Services Outpation | e Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | tment Assessment (bio-p | sychosocial); Co- |
| Juvenile Services: | 0 | utpatient Therapy including Family Sessions-Mental Health; Outpa ient: Co-Occurring | tient Therapy - Co-occur | ring; Assessment: |
| 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 Tre | eatment | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile 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 |
| | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Pre-Treatment Assessment | aluations; Adult Non-Residential Services Intensive Outpat (bio-psychosocial); Co-Occurring | ient Treatment | |
| Simmons, Kim | Lutheran Family Services of NE Inc | 2661 Douglas St Omaha NB 68131 | (402)978-5613 | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | (bio-psychosocial) | | |
| Simmons, Kim | Lutheran Family Services of NE Inc | 2661 Douglas St Omaha NB 68131 | (402)978-5613 | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | (bio-psychosocial) | | |
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Mental Health Services: | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; As | | e Evaluations | |
| Smeal, Jessica | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)444-7931 | |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | 5 | cation; Adult Non-Residential s | Services Outpatient |

| 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 | aluations; Juvenile Assessment Services Substance Abuse Ev | aluations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Co-Occurring | | |
| 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 Outpar | aluations; Adult Non-Residential Services Intervention/Educati tient - Co-Occurring Treatment | on; Adult Non-Residential | Services Outpatien |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Educati nt - Family; Adult Non-Residential Services Outpatient - Individ | lual; Adult Non-Residential | Services Outpatie |
| | 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 | nt - Family; Adult Non-Residential Services Outpatient - Individ ervices Substance Abuse Evaluations; Juvenile Non-Residenti uvenile Non-Residential Services Outpatient - Family; Juvenile | lual; Adult Non-Residential al Services Intervention/Ec Non-Residential Services (| Services Outpatie lucation; Juvenile Dutpatient - Indivic |
| 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 Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me | nt - Family; Adult Non-Residential Services Outpatient - Individ ervices Substance Abuse Evaluations; Juvenile Non-Residenti Ivenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment | lual; Adult Non-Residential al Services Intervention/Ec Non-Residential Services (reatment Assessment (bio ncluding Group Sessions-M Therapy - Co-occurring; In | Services Outpatie lucation; Juvenile Dutpatient - Indivic -psychosocial); Co Mental Health; tensive Outpatient |
| Mental Health Services: 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; Juvenile Pre-Treatment Asse Occurring Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me Intensive Outpatient Therapy-Mental Health; Inter | nt - Family; Adult Non-Residential Services Outpatient - Individ ervices Substance Abuse Evaluations; Juvenile Non-Residenti ivenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-T atient Therapy - Individual-Mental Health; Outpatient Therapy i ental Health; Outpatient Therapy - Eating Disorder; Outpatient | lual; Adult Non-Residential al Services Intervention/Ec Non-Residential Services (reatment Assessment (bio ncluding Group Sessions-M Therapy - Co-occurring; In | Services Outpatie lucation; Juvenile Dutpatient - Indivic -psychosocial); Co Mental Health; tensive Outpatient |
| Mental Health Services: 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; Juvenile Pre-Treatment Asse Occurring Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me Intensive Outpatient Therapy-Mental Health; Inter (Medicaid) | nt - Family; Adult Non-Residential Services Outpatient - Individ ervices Substance Abuse Evaluations; Juvenile Non-Residenti ivenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-T atient Therapy - Individual-Mental Health; Outpatient Therapy i ental Health; Outpatient Therapy - Eating Disorder; Outpatient | lual; Adult Non-Residential al Services Intervention/Ec Non-Residential Services (reatment Assessment (bio ncluding Group Sessions-M Therapy - Co-occurring; In | Services Outpatie lucation; Juvenile Dutpatient - Indivic -psychosocial); Co Mental Health; tensive Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel | 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 Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me Intensive Outpatient Therapy-Mental Health; Inter (Medicaid) Sliding Fee Scale; Bilingual 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 | nt - Family; Adult Non-Residential Services Outpatient - Individ ervices Substance Abuse Evaluations; Juvenile Non-Residenti ivenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-T atient Therapy - Individual-Mental Health; Outpatient Therapy i ental Health; Outpatient Therapy - Eating Disorder; Outpatient nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; A 2170 North Platte Ave Fremont NB 68025 aluations; Adult Non-Residential Services Intervention/Educati nt - Family; Adult Non-Residential Services Outpatient - Individ ervices Substance Abuse Evaluations; Juvenile Non-Residenti ivenile Non-Residential Services Outpatient - Family; Juvenile | lual; Adult Non-Residential al Services Intervention/Ec Non-Residential Services (reatment Assessment (bio ncluding Group Sessions-N Therapy - Co-occurring; In ssessment: Pre-Treatmen (402)720-3992 on; Adult Non-Residential lual; Adult Non-Residential al Services Intervention/Ec | Services Outpatie lucation; Juvenile Outpatient - Individ -psychosocial); Co Mental Health; tensive Outpatient t Assessment (402)753-6445 Services Outpatier Services Outpatier lucation; Juvenile |
| Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel 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; Juvenile Pre-Treatment Asse Occurring Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me Intensive Outpatient Therapy-Mental Health; Inter (Medicaid) Sliding Fee Scale; Bilingual 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; Juvenile Pre-Treatment Asse | nt - Family; Adult Non-Residential Services Outpatient - Individ ervices Substance Abuse Evaluations; Juvenile Non-Residenti ivenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-T atient Therapy - Individual-Mental Health; Outpatient Therapy i ental Health; Outpatient Therapy - Eating Disorder; Outpatient nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; A 2170 North Platte Ave Fremont NB 68025 aluations; Adult Non-Residential Services Intervention/Educati nt - Family; Adult Non-Residential Services Outpatient - Individ ervices Substance Abuse Evaluations; Juvenile Non-Residenti ivenile Non-Residential Services Outpatient - Family; Juvenile | lual; Adult Non-Residential al Services Intervention/Ec Non-Residential Services (reatment Assessment (bio ncluding Group Sessions-M Therapy - Co-occurring; In ssessment: Pre-Treatmen (402)720-3992 on; Adult Non-Residential S lual; Adult Non-Residential al Services Intervention/Ec Non-Residential Services (| Services Outpatie lucation; Juvenile Dutpatient - Individ -psychosocial); Co Mental Health; tensive Outpatient t Assessment (402)753-6445 Services Outpatient Services Outpatient Services Outpatient Jucation; Juvenile Dutpatient - Individ |
| Mental Health Services: Juvenile Services: Other Services: corensen, Rachel Substance Abuse Services: 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 Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Me Intensive Outpatient Therapy-Mental Health; Inter (Medicaid) Sliding Fee Scale; Bilingual Services; Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Assessment S Non-Residential Services Outpatient - C Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Me | nt - Family; Adult Non-Residential Services Outpatient - Individ ervices Substance Abuse Evaluations; Juvenile Non-Residenti ivenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-T atient Therapy - Individual-Mental Health; Outpatient Therapy i ental Health; Outpatient Therapy - Eating Disorder; Outpatient insive Outpatient: Intensive Outpatient Therapy-Co-occurring; A 2170 North Platte Ave Fremont NB 68025 aluations; Adult Non-Residential Services Intervention/Educatiint rt - Family; Adult Non-Residential Services Outpatient - Individ ervices Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment | lual; Adult Non-Residential al Services Intervention/Ec Non-Residential Services (reatment Assessment (bio ncluding Group Sessions-M Therapy - Co-occurring; In Assessment: Pre-Treatmen (402)720-3992 on; Adult Non-Residential al Services Intervention/Ec Non-Residential Services (reatment Assessment (bio ncluding Group Sessions-M Therapy - Co-occurring; In | Services Outpati lucation; Juvenile Dutpatient - Indivi -psychosocial); C Mental Health; tensive Outpatien t Assessment (402)753-644! Services Outpatie Services Outpati lucation; Juvenile Dutpatient - Indivi -psychosocial); C Mental Health; tensive Outpatien |

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 |
|---------------------------|--|---|---------------|---------------|
| Sparks, Albert | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Sparks, Albert | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | utpatient Therapy including Family Sessions-Mental Health | | |
| 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: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| 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: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individua | | |
| Mental Health Services: | Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial): Co-Occurring | | |
| Juvenile Services: | cupation morapy, no mountain about min | | | |
| | Sliding Fee Scale; | | | |
| 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: | | | |

Other Services: Sliding Fee Scale; Bilingual 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 Ex | 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 | |
| | 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 S ices Substance Abuse E on-Residential Services | ervices Outpatient - Evaluations; Juvenil Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including Fa | amily Sessions- |
| 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 | 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-Residential S ices Substance Abuse E on-Residential Services | ervices Outpatient - Evaluations; Juvenil Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatient | ent Therapy including Fa | amily Sessions- |
| | | g; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| 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 | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (DIO-PSYCHOSOCIAI); CO-OCCURRING | | |
| Juvenile Services: | Oliding Foo Scolor | | | |
| Other Services. | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | 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: | | | | |
| 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: | | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| 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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| | Agency | 7441000 | | I UX |
| 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 nce Abuse Evaluations; Juvenile Non-Residential Services Outpatier | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | nent: Pre-Treatment | Assessment |
| 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 nce Abuse Evaluations; Juvenile Non-Residential Services Outpatier | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | anti Dra Traatmant | Accoment |
| Juvenile Services: | (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | ient: Pre-Treatment | Assessment |
| Other Services: | | | | |
| Stewart-Hunter, Salema | Charles Drew Health Center | 2915 Grant St Omaha NB 68111 | (402)810-9551 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health uding Family Sessions-Mental Health; Assessment: Pre-Treatment A | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stewart-Hunter, Salema | Charles Drew Health Center | 2915 Grant St Omaha NB 68111 | (402)810-9551 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health uding Family Sessions-Mental Health; Assessment: Pre-Treatment A | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stoeger, Anna | | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)389-2534 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Ad tient - Co-Occurring Treatment; Juvenile Assessment Services Subst enile Non-Residential Services Outpatient - Individual; Juvenile Non-I | ance Abuse Evaluat | ions; Juvenile Non |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | | | |
| Other Services: | | | | |
| Stoeger, Anna | | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)389-2534 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outp | valuations; Adult Non-Residential Services Intervention/Education; atient - Co-Occurring Treatment; Juvenile Assessment Services Suvenile Non-Residential Services Outpatient - Individual; Juvenile No | Ibstance Abuse Evaluation | s; Juvenile Nor |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| 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 - Groups; Adent - Individual; Adult Non-Residential Services Outpatient - Co-Oct | | es Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | | curring 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: | | valuations; Adult Non-Residential Services Outpatient - Groups; Ad | | es Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | ent - Individual; Adult Non-Residential Services Outpatient - Co-Oco t (bio-psychosocial); Co-Occurring | curring Treatment | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Talbert, Erin | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7064 | |
| | | valuations; Adult Non-Residential Services Outpatient - Groups | | |
| | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Talbert, Erin | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7064 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; 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 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Family; Ju Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non- venile Non-Residential Services Outpatient - Individual; Juvenile Non- | Adult Non-Residentia | Services Outpatient ducation; Juvenile |
| | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien nent Assessment (Medicaid); Assessment: Outpatient Psychiatric Ev | | |
| Other Services: | (MSE); Assessment: Psychological Evaluation | | | |
| Tamayo, 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/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juven | Adult Non-Residentia | Services Outpatient |
| | 1 177 | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien nent Assessment (Medicaid); Assessment: Outpatient Psychiatric Ev | | |
| 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 Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur lesidential Services Dual Residential (MH/SA); Adult Residential Ser | ring Treatment; Adul | t 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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| 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 Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc lesidential Services Dual Residential (MH/SA); Adult Residential S | curring Treatment; Adul | t 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 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | raluations; Adult Non-Residential Services Outpatient - Family; Ad tient - Co-Occurring Treatment; Juvenile Assessment Services Su e Non-Residential Services Outpatient - Individual; Juvenile Non-F | ubstance Abuse Evaluat | tions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outp nent: Mental Status Exam (MSE); Assessment: Co-Occurring | atient Therapy - Co-occ | urring; Assessment: |
| 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 Outpa | raluations; Adult Non-Residential Services Outpatient - Family; Ad tient - Co-Occurring Treatment; Juvenile Assessment Services Su e Non-Residential Services Outpatient - Individual; Juvenile Non-F | ubstance Abuse Evaluat | tions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outp nent: Mental Status Exam (MSE); Assessment: Co-Occurring | atient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Thompson, Sandy | Choice*Change*Consequence, LLC | 1645 N Street Lincoln NB 68508 | (402)450-4409 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|--|--|--|
| Thompson, Sandy | Choice*Change*Consequence, LLC | 1645 N Street Lincoln NB 68508 | (402)450-4409 | • |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| 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 | 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 | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | | |
| Other Services: | Hearing Impaired; Bilingual Services; | g | | |
| 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 | 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 | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | | |
| 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 Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I t Residential Services Short Term Residential; Juvenile Assessment S iducation; Juvenile Non-Residential Services Outpatient - Groups; Juv patient - Individual; Juvenile Non-Residential Services Outpatient - Co 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 Outpatien |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | • | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| 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 | aluations; Adult Non-Residential Services Intervention/Educa nt - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Adult Residential Services Short Term Residential; Juvenile Asses ducation; Juvenile Non-Residential Services Outpatient - Gro atient - Individual; Juvenile Non-Residential Services Outpat ent | vidual; Adult Non-Residential Se ervices Dual Residential (MH/S ssment Services Substance Ab pups; Juvenile Non-Residential | ervices Outpatient A); Adult buse Evaluations; Services Outpatier |
| 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 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Individ | dual: Juvenile Assessment Sen | vicos Substanco |
| | Abuse Evaluations; Juvenile Non-Residential Ser | | | vices Substance |
| | | vices Outpatient - Individual | | vices Substance |
| Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment | vices Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C | | |
| Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indiv | vices Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C | | |
| Mental Health Services: Juvenile Services: | Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indiv | vices Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C | | |
| Mental Health Services: Juvenile Services: Other Services: Troia, Trisha Substance Abuse Services: | Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Co-occurring Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | vices Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C 1406 Veterans Drive Elkhorn NB 68022 aluations; Adult Non-Residential Services Outpatient - Individual | Dutpatient Therapy including Fa (402)290-0543 | amily Sessions- |
| Mental Health Services: Juvenile Services: Other Services: Troia, Trisha Substance Abuse Services: Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy | vices Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C 1406 Veterans Drive Elkhorn NB 68022 aluations; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C | Dutpatient Therapy including Fa (402)290-0543 dual; Juvenile Assessment Serv | amily Sessions- |
| Mental Health Services: Juvenile Services: Other Services: Troia, Trisha Substance Abuse Services: Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Mental Health; Outpatient Therapy - Co-occurring Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment | vices Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C 1406 Veterans Drive Elkhorn NB 68022 aluations; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C | Dutpatient Therapy including Fa (402)290-0543 dual; Juvenile Assessment Serv | amily Sessions- |
| Mental Health Services: Juvenile Services: Other Services: Troia, Trisha Substance Abuse Services: Mental Health Services: Juvenile Services: | Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy | vices Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C 1406 Veterans Drive Elkhorn NB 68022 aluations; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C | Dutpatient Therapy including Fa (402)290-0543 dual; Juvenile Assessment Serv Dutpatient Therapy including Fa | amily Sessions- |
| Mental Health Services: Juvenile Services: Other Services: Troia, Trisha Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Troxell, Jean | Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Douglas County Community Mental Health <u>Center</u> Adult Assessment Services Substance Abuse Ev | vices Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C 1406 Veterans Drive Elkhorn NB 68022 aluations; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C | Dutpatient Therapy including Fa (402)290-0543 dual; Juvenile Assessment Serv Dutpatient Therapy including Fa (402)599-2657 (2005; Adult Non-Residential Service | amily Sessions- vices Substance amily Sessions- 402)599-2562 ces Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Troia, Trisha Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Troxell, Jean Substance Abuse Services: | Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Douglas County Community Mental Health <u>Center</u> Adult Assessment Services Substance Abuse Ev | vices Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C 1406 Veterans Drive Elkhorn NB 68022 aluations; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; C 1709 Jackson Street Omaha NB 68102 aluations; Adult Non-Residential Services Outpatient - Group tient - Co-Occurring Treatment; Adult Non-Residential Service | Dutpatient Therapy including Fa (402)290-0543 dual; Juvenile Assessment Serv Dutpatient Therapy including Fa (402)599-2657 (2005; Adult Non-Residential Service | amily Sessions- vices Substance amily Sessions- 402)599-2562 ces Outpatient - |

| Name | Agency | Address | Phone | Fax |
|--|---|--|--|------------------------------|
| Troxell, Jean | Douglas County Community Mental Health Center | 1709 Jackson Street Omaha NB 68102 | (402)599-2657 | (402)599-2562 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inten | Non-Residential Se sive Outpatient Trea | rvices Outpatient - tment |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring | | |
| Tvrdik, Gregory | | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 | (402)885-7932 | (402)281-0665 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inten | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Man | agement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr | ing | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outpatient | atient Therapy - Individual-Mental Health; Outpatient Therapy - Co-oc | ccurring | |
| Other Services: | Sliding Fee Scale; | | | |
| Tvrdik, Gregory | | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 | (402)885-7932 | (402)281-0665 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inten | | |
| Mental Health Services: | Outpatient Therapy; Mental Health Intensive Man | agement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr | ing | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy - Co-od | 0 | |
| Other Services: | Sliding Fee Scale; | | - | |
| Upton, Jessica | The Genesis House/New Beginnings Recovery Inc | 4127 S 42nd St Omaha NB 68107 | (402)213-4145 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Upton, Jessica | The Genesis House/New Beginnings Recovery Inc | 4127 S 42nd St Omaha NB 68107 | (402)213-4145 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| 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 | tient - Co-Occurring Treatment | | |
| 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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| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpati Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu atus Exam (MSE): Assessment: Co-Occurring | | |
| 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 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 vices Substance Abuse Ion-Residential Service | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpati Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu atus Exam (MSE): Assessment: Co-Occurring | | |
| 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: | | valuations; 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 | | in ig roathon | |
| 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: | | valuations; 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 | | 0 | |
| 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 | valuations; Adult Non-Residential Services Outpatient - Co-Occurrin sidential Services Outpatient - Co-Occurring Treatment | g Treatment; Juvenile A | Assessment Services |
| Mental Health Services: | | | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |

| 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 Evaluations; Juvenile Non-Res | aluations; Adult Non-Residential Services Outpatient - Co-Occurring idential Services Outpatient - Co-Occurring Treatment | Treatment; Juvenile | Assessment Service |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring | | |
| Walker, Jeffery | Team Inc | 2505 North 24 Street Omaha NB 68110 | (402)451-5549 | (402)502-0687 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Education Class; Outpatient Therapy - Individual- | atment: Intensive Family Preservation; Non-Treatment: Anger Manag Mental Health; Outpatient Therapy including Group Sessions-Mental ient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-T | Health; Outpatient | Therapy including |
| 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; Ad 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 | Team Inc | 2505 North 24 Street Omaha NB 68110 | (402)451-5549 | (402)502-0687 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Education Class; Outpatient Therapy - Individual- | atment: Intensive Family Preservation; Non-Treatment: Anger Manage Mental Health; Outpatient Therapy including Group Sessions-Mental ient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-T | Health; Outpatient | Therapy including |
| 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| Ward, Teresa K | Heartland Family Service | 705 N. 16th Street Council Bluffs IA 51501 | (712)325-5640 | (712)256-1718 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Group Sessions-Mental Health | | |
| Ward, Teresa K | Heartland Family Service | 705 N. 16th Street Council Bluffs IA 51501 | (712)325-5640 | (712)256-1718 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Group Sessions-Mental Health | | |
| Wells, Amanda | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5449 | |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ex Residential; Adult Residential Services Short Ter Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | | Adult Residential Service | es Extended |
| Wells, Amanda | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5449 | |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ex Residential; Adult Residential Services Short Ter Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | | dult Residential Service | es Extended |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | • | l; Adult Non-Residential Services Intervention/Ec | Services Outpatient ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpa | tient Therapy including | Family Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | g; Assessment: Co-Occurring | aon merapy nouding | 1 aniiy 063310113- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|-----------------------|---------------------|
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (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 |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| 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 Ev | aluations; 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; | | | |
| Whitehead, Daniel | | 1941 South 42nd Street Suite 536 Omaha NB 68105 | (402)958-5663 | |
| 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: | | | | |
| 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 Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residential | Services Outpatient |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occ | urring; Assessment: |
| | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; | ent: Mental Status Exam (MSE); Assessment: Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
|---|--|---|-----------------------|---------------------|
| Wiedel, Karla | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (402)327-6822 | (402)483-4594 |
| 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 | | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatienent: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| Other Services. | Silding ree Scale, | | | |
| Wiles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| Mental Health Services: Juvenile Services: Other Services: | Services Outpatient - Individual | ance Abuse Evaluations; Juvenile Non-Residential Services Outpatie | nt - Groups; Juvenile | Non-Residential |
| Wiles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | valuations; Adult Non-Residential Services Outpatient - Groups; Adul ance Abuse Evaluations; Juvenile Non-Residential Services Outpatie | | |
| Wiley, Barbara | Barbara A Wiley MS | 16055 Browne St Omaha NB 68116 | (402)533-3459 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Wiley, Barbara | Barbara A Wiley MS | 16055 Browne St Omaha NB 68116 | (402)533-3459 | |
| Substance Abuse Services: Mental Health 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 |
|---------------------------|---|--|---------------------|---------------------|
| Williams, Ann | Ann's Couch | 3924 N 90th St 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 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 - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 3924 N 90th St Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| | Individual; Adult Non-Residential Services Outpa | 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 (bio-psychosocial); Co-Occurring | ance Abuse Evaluat | ions; Juvenile Non- |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occ | urring; Assessment: |
| 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: | | ent Therapy - Individual-Mental Health; Outpatient Therapy including n; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; SE) | | |
| 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: | | ent Therapy - Individual-Mental Health; Outpatient Therapy including n; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; SE) | | |

Other Services:

| | _ | | | |
|---------------------------|--|--|----------------------|---------------------|
| Name | Agency | Address | Phone | Fax |
| Wininger, Joshua | Wininger Counseling LLC | 11414 West Center Road Ste. 315 Omaha NB 68144 | (402)546-9585 | (402)330-4987 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | Mental Health | | | |
| Wininger, Joshua | Wininger Counseling LLC | 11414 West Center Road Ste. 315 Omaha NB 68144 | (402)546-9585 | (402)330-4987 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Workman, Jason | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)599-2054 | (402)661-7117 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment | Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | 0 | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | prvices; | | |
| Workman, Jason | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)599-2054 | (402)661-7117 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | 0 | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| 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 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: | Outpatient Therapy; Acute Inpatient; Pre-Treatme | ent Assessment (bio-psychosocial); Co-Occurring; Psychological Eva | luation | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

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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 | raluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu sesidential Services Dual Residential (MH/SA); Adult Residential Services | Irring Treatment; Adul | Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: | | ent Assessment (bio-psychosocial); Co-Occurring; Psychological E | valuation | |
| 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 Asse psychosocial); Adults who Sexually Harm Evaluat | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YV | /SH); Pre-Treatment / | ssessment (bio- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; 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 | | | |
| 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 (YV | /SH); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation es: Outpatient Therapy - Individual-Mental Health; 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 | | | |
| 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; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sub e 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 | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | | | |

| Name | Agency | Address | Phone | Fax | | |
|--|--|---|---------------|-----|--|--|
| 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 - 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 Non-Residential Serv | | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | utpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: e-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring | | | | |
| 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 | | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Eating Disorder; Day Treatment D ent: Mental Status Exam (MSE) | | |
| 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; | | | |
| 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 | 0 | dult Non-Residential S vices Intervention/Edu | ervices Outpatient - cation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| 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 - Individual-Mental Health; Outpatient Therapy | 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 adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Assessment: Pre-Treatment Assessment (Medicaid) | dult Non-Residential S es Substance Abuse I n-Residential Services g Treatment; Juvenile | ervices Outpatient - Evaluations; Juvenile Outpatient - Family 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 - Individual; Adult Non-Residential Services Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Juvenile Non-Residential Services Outpatient - Individual 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 | | | | |
| | Dutpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation Dutpatient Therapy - Individual-Mental Health; 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 Vho Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Issessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring Hiding Fee Scale; | | | | |

| 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 (bio-psychosocial) | ult Non-Residential S | Services Outpatient - |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpation | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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 | | |
| 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 | ment: Juvenile Who |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: O 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 |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir | valuation Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental Heal rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The t | erapy - Youth Who ent: Intensive |

| Name | Agency | Address | Phone | Fax |
|----------------------|---|--|--|--|
| Other Services: | | | | |
| McNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (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 | valuations; 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; , ndividual; Juvenile Non-Residential Services Outpatient - G | ndividual; Adult Non-Residential S ment Services Substance Abuse I Juvenile Non-Residential Services | Services Outpatient Evaluations; Juveni s Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Healt | h; Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | - | | |
| 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 Evaluati | | rvices Intensive Outpatient Treatmation; Juvenile Non-Residential Section 2010 | nent; Juvenile ervices Outpatient - |
| | Non-Treatment: Anger Management Class; Outp Outpatient Therapy - Eating Disorder; Outpatient Outpatient: Intensive Outpatient- Eating Disorder | atient Therapy - Individual-Mental Health; Outpatient Ther Therapy - Co-occurring; Intensive Outpatient: Intensive C ; Intensive Outpatient: Intensive Outpatient Therapy-Co-o Evaluation; Assessment: Mental Status Exam (MSE) | outpatient Therapy-Mental Health; | Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | | cation; Adult Non-Residential Services Outpatient - Group vidual; Adult Non-Residential Services Outpatient - Co-Oco (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 |
|---------------------------|--|---|--|---|
| 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-Residentia es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| 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 (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | nt Therapy including ent: Intensive Outpa | Family Sessions- ient Therapy-Youth |
| 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 (k | pio-psychosocial) | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessm Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Me | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|-------------|--|---|----------------------|-----------------|
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (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 - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | |
| | Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatient g; Assessment: Co-Occurring | Therapy including Fa | amily Sessions- |

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; Ad 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 | al Evaluation; Assess | 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: | | | | |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | valuation Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie 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 | ealth; Outpatient The this Intensive Outpatie | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: | ating Disorder; Outpa | atient Therapy - Co- |

Registered Service Providers for County: Franklin

| Nama | A man and | A Juliana a | Dhama | F |
|----------------------|---|---|--|---|
| Name | Agency | Address | Phone | Fax |
| | Foster Care (Relative/Kinship) | | | |
| 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; 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 S es Substance Abuse n-Residential Services | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including F | amily Sessions- |
| 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 Evaluat | Abuse Evaluations; Ju | venile Non- |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | nt Therapy including F ent: Intensive Outpatie | amily Sessions- ent Therapy-Youth |
| 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 So Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpat | 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 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | dult Non-Residential S vices Intervention/Edu Ion-Residential Servic | Services Outpatient - cation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | - | |
| Other Services: | | | | |

Registered Service Providers for County: Franklin

| Name | Agency | Address | Phone | Fax | |
|-------------|---|--|------------------------|-----------------|--|
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (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 - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| | Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Co-Occurring | t Therapy including Fa | amily Sessions- | |

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 | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | 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 - Individ Services Intensive Outpatient Treatment; Juvenile Assessment Juvenile Non-Residential Services Outpatient - Groups; Juven Idividual; Juvenile Non-Residential Services Outpatient - Co-Oc | lual; Adult Non-Residential Services Substance Abuse nile Non-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Ou g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr SE): Assessment: Co-Occurring | | |
| 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: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy in ental Health; Outpatient Therapy - Eating Disorder; Day Treatm cent Meatel Status Even (MSE) | | |
| Other Services: | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; | ient. Mental Status Exam (MSE) | | |
| 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; | | | |
| 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 | | |
| | Non-Treatment: Anger Management Class: Non- | Treatment: Juvenile Offender/Victim and Conflict Mediation; Ou | utpatient Therapy - Individu | al-Montal Health: |

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; 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 Assessin ; Juvenile Non-Residential Services Outpatient - Groups; J adividual; Juvenile Non-Residential Services Outpatient - C | dividual; Adult Non-Residential S nent Services Substance Abuse uvenile Non-Residential Service | Services Outpatient Evaluations; Juveni s Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health | ; Outpatient Therapy including F | amily Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring | g; Assessment: Pre-Treatment Assessment (Medicaid) | | , |
| 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 S le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Ha | Substance Abuse Evaluations; Ju | venile Non- |
| | | utpatient Therapy including Group Sessions-Mental Health | ; Outpatient Therapy including F | amily Sessions- |

| 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: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Day Treatment D ent: Mental Status Exam (MSE) | ng Group Sessions-N ay Treatment-Mental | lental Health; Health; Assessment: |
| 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: | | | | |
| 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 Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) | dult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| 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 | aluations; Adult Non-Residential Services Outpatient - Groups; Adul ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | tion; Psychological Ev | aluation |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | Family |

| Name | Agency | | Address | Phone | Fax |
|-----------------|--|---|---|--|---------------------------------------|
| Other Services: | Sessions-Mental Health; Outpatient Therapy - Yo Therapy-Youth Who Sexually Harm; Assessment Evaluation; Assessment: Juvenile Who Sexually Sliding Fee Scale; | t: Pre-Treatment Ass | essment (Medicaid); Assessment | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. | Grand Island NB 68803 | (308)865-8738 | |
| | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/M Family; Juvenile Non-Residential Services Outpatient Outpatient Therapy; Juvenile Pre-Treatment Asse | ent - Family; Adult No Services Substance A H; Juvenile Non-Resi Itient - Individual | n-Residential Services Outpatient buse Evaluations; Juvenile Non-F dential Services Outpatient - Grou | Individual; Adult Non-Residential Solution Residential Services Intervention/Eduction Superior Solution Service | ervices Outpatier cation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; O | (): | | ,. 0 | |
| Other Services: | | | - · | | |

| 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; Ad | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | nt - Family; Adult Non-Residential Services Outpatient - Individual (bio-psychosocial) | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual ient Therapy including Family Sessions-Mental Health; Outpatient The nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | in Assessment (Medicald), Assessment. Or Occurring | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Carrell, Hanna | 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 - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier essment (Medicaid); Assessment: Psychological Evaluation | nt Therapy including | Family Sessions- |
| Other Services: | · | | | |

| Name | Agency | Address | Phone | Fax |
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| Davis, Cristina | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- |
| 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: | | | | |
| 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 Non Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil |
| Mental Health Services: | Outpatient Therapy | | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırrina |
| | Sliding Fee Scale; | | , | 5 |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (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: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Eberle, Jeremy | Eberle Therapy Services PC | 630 N Cotner Blvd Suite 103 Lincoln NB 68505 | (402)440-5094 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Individual; Adult Non-Residential Services Outpat | valuations; Adult Non-Residential Services Outpatient - Family; A atient - Co-Occurring Treatment | dult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Fry, Jennifer | | 7410 South 33 Street Lincoln NB 68516 | (402)975-2289 | (402)975-2287 |
| | Co-Occurring Treatment; Juvenile Assessment | ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residentia Iuvenile Non-Residential Services Outpatient - Family; Juvenile N Co-Occurring Treatment | I Services Intervention/Ec | ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Therapy - Co-occurring; Assessment: Juvenile V | | utpatient Therapy - Eatin | Vental Health; |
| Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M | : (bio-psychosocial); Co-Occurring patient Therapy - Individual-Mental Health; Outpatient Therapy in fental Health; Outpatient Therapy - Youth Who Sexually Harm; O | utpatient Therapy - Eatin | Vental Health; |
| Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Therapy - Co-occurring; Assessment: Juvenile W Sliding Fee Scale; Bilingual Services; Nebraska Mental Health Centers | : (bio-psychosocial); Co-Occurring batient Therapy - Individual-Mental Health; Outpatient Therapy in Iental Health; Outpatient Therapy - Youth Who Sexually Harm; O Vho Sexually Harm Risk Assessment; Assessment: Co-Occurring | utpatient Therapy - Eatin | Mental Health; g Disorder; Outpatie |
| Juvenile Services: Other Services: Hardy, Brian Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Therapy - Co-occurring; Assessment: Juvenile W Sliding Fee Scale; Bilingual Services; Nebraska Mental Health Centers | : (bio-psychosocial); Co-Occurring batient Therapy - Individual-Mental Health; Outpatient Therapy in Iental Health; Outpatient Therapy - Youth Who Sexually Harm; O Vho Sexually Harm Risk Assessment; Assessment: Co-Occurring | utpatient Therapy - Eatin | Mental Health; g Disorder; Outpatie |
| Juvenile Services: Other Services: Hardy, Brian Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Therapy - Co-occurring; Assessment: Juvenile V Sliding Fee Scale; Bilingual Services; Nebraska Mental Health Centers Outpatient Therapy; Psychological Evaluation | : (bio-psychosocial); Co-Occurring batient Therapy - Individual-Mental Health; Outpatient Therapy in Iental Health; Outpatient Therapy - Youth Who Sexually Harm; O Vho Sexually Harm Risk Assessment; Assessment: Co-Occurring | (402)483-6990 | Mental Health; g Disorder; Outpatie (402)483-7045 |
| Juvenile Services: Other Services: Hardy, Brian Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Therapy - Co-occurring; Assessment: Juvenile V Sliding Fee Scale; Bilingual Services; Nebraska Mental Health Centers Outpatient Therapy; Psychological Evaluation Outpatient Therapy - Individual-Mental Health; C | : (bio-psychosocial); Co-Occurring batient Therapy - Individual-Mental Health; Outpatient Therapy in lental Health; Outpatient Therapy - Youth Who Sexually Harm; O Who Sexually Harm Risk Assessment; Assessment: Co-Occurring 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | Mental Health; g Disorder; Outpatie (402)483-7045 |
| Juvenile Services: Other Services: Hardy, Brian Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Therapy - Co-occurring; Assessment: Juvenile V Sliding Fee Scale; Bilingual Services; Nebraska Mental Health Centers Outpatient Therapy; Psychological Evaluation Outpatient Therapy - Individual-Mental Health; C | : (bio-psychosocial); Co-Occurring batient Therapy - Individual-Mental Health; Outpatient Therapy in lental Health; Outpatient Therapy - Youth Who Sexually Harm; O Who Sexually Harm Risk Assessment; Assessment: Co-Occurring 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | Mental Health; g Disorder; Outpatie (402)483-7045 |
| Juvenile Services: Other Services: Hardy, Brian Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Therapy - Co-occurring; Assessment: Juvenile V Sliding Fee Scale; Bilingual Services; Nebraska Mental Health Centers Outpatient Therapy; Psychological Evaluation Outpatient Therapy - Individual-Mental Health; C | : (bio-psychosocial); Co-Occurring batient Therapy - Individual-Mental Health; Outpatient Therapy in lental Health; Outpatient Therapy - Youth Who Sexually Harm; O Who Sexually Harm Risk Assessment; Assessment: Co-Occurring 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 (402)483-6990 essment: Psychological E | Mental Health; g Disorder; Outpatie (402)483-7045 |
| Juvenile Services: Other Services: Hardy, Brian Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Harmes, Eric | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Therapy - Co-occurring; Assessment: Juvenile V Sliding Fee Scale; Bilingual Services; Nebraska Mental Health Centers Outpatient Therapy; Psychological Evaluation Outpatient Therapy - Individual-Mental Health; C | : (bio-psychosocial); Co-Occurring batient Therapy - Individual-Mental Health; Outpatient Therapy in lental Health; Outpatient Therapy - Youth Who Sexually Harm; O Who Sexually Harm Risk Assessment; Assessment: Co-Occurring 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 (402)483-6990 essment: Psychological E | Mental Health; g Disorder; Outpatie (402)483-7045 |
| Juvenile Services: Other Services: Hardy, Brian Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Harmes, Eric Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Therapy - Co-occurring; Assessment: Juvenile V Sliding Fee Scale; Bilingual Services; Nebraska Mental Health Centers Outpatient Therapy; Psychological Evaluation Outpatient Therapy - Individual-Mental Health; C Outpatient Therapy | : (bio-psychosocial); Co-Occurring batient Therapy - Individual-Mental Health; Outpatient Therapy in lental Health; Outpatient Therapy - Youth Who Sexually Harm; O Who Sexually Harm Risk Assessment; Assessment: Co-Occurring 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 (402)483-6990 essment: Psychological E | Mental Health; g Disorder; Outpatie (402)483-7045 |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| 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 | 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 uvenile 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; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring; Psychologi | cal Evaluation |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Psychological Evaluation; Assessment: Co-Occu | rring | | |
| 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: | | | | |
| 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: | | | | |
| 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- | ing Treatment; Adult Residential Services tpatient - Family; Juv | Non-Residential venile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|-------------------------------------|
| 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 | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The | erapy - Youth Who ent: Intensive |
| 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 - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm ISE) | ent: Pre-Treatment | Assessment |
| 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 Outpatier 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-Residen 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; Adults who Sexually Harm Evaluati | on; Psychological E | valuation |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); nent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co | nt Therapy including Assessment: Menta | Family Sessions- |
| Other Services: | Assessment. Estenological Evaluation, Assessin | ient. Suvenine with Sexually Flatti Risk Assessment, Assessment. Co | Cocurring | |

| Name | Agency | Address | Phone | Fax |
|--|--|--|---|---|
| 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; Advertices 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 | | |
| McNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (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; 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 (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: | 1 137 | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| 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: Other Services: | Non-Treatment: Intensive Family Preservation; O Assessment: Pre-Treatment Assessment (Medica | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl aid); Assessment: Mental Status Exam (MSE) | uding Family Sessic | ns-Mental Health; |
| Munet Ginorio, Alexandra | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)482-7045 |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Youth Who S | (bio-psychosocial); Co-Occurring; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co | Assessment: Menta | |

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 |
|---------------------------|---|---|-----------------------|--------------------|
| 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 - Individual-Mental Health; Outpatient Therapy inclu | | ns-Mental Health; |
| Other Services: | Outpatient Therapy including Family Sessions-M | ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Ment | al Health | |
| 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 Sexuall | y Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; Page 10 (1997) | sychological Evaluat | tion |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | ogical Evaluation; As | sessment: Juvenile |
| Other Services: | · | | | |
| Olesen, Don | | 62131 Rd. 727 Tecumseh NB 68450 | (402)921-0404 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ollila, Ashleigh | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien essment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; A | | |
| 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 Eva | aluation; Psychologi | cal Evaluation |
| Juvenile Services: | | | | |
| Juvernie Services. | | | | |

Other Services: Sliding Fee Scale;

| 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: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outp | atient Therapy including | Family Sessions- |
| Other Services: | | | | |
| 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: | | | | |
| Rowe, Rachael | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outp | atient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation | | | |
| Other Services: | | | | |
| 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 Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | 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 (bio-psychosocial) Putpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Pre-Treatment Assessment (Medicaid) | al; Adult Non-Residential ervices Substance Abus e Non-Residential Servic urring Treatment; Juveni | Services Outpatient e Evaluations; Juveni es Outpatient - Famil le 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 |
|----------------------|--|---|---|---------------------------------------|
| Taylor, Guy | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | |
| | Outpatient Therapy - Individual-Mental Health; | nt (bio-psychosocial); Co-Occurring; Psychological Evaluation Outpatient Therapy including Group Sessions-Mental Health; am (MSE); Assessment: Psychological Evaluation; Assessmen | | Family Sessions- |
| √olnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| | Adult Residential Services Dual Residential (M Pre-Treatment Assessment (bio-psychosocial) | , | | |
| /orderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Juvenile Services: | | Evaluations; Adult Non-Residential Services Intervention/Educ ient - Individual; Adult Non-Residential Services Outpatient - C nt (bio-psychosocial); Co-Occurring | | Services Outpatier |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| | psychosocial); Adults who Sexually Harm Eval Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Youth Wh | ssessment (PTA); Juvenile Youth Who Sexually Harm Evaluati uation; Psychological Evaluation Outpatient Therapy including Group Sessions-Mental Health; o Sexually Harm; Outpatient Therapy - Eating Disorder; Asses essment: Psychological Evaluation; Assessment: Juvenile Who | Outpatient Therapy including sment: Pre-Treatment Asses | Family Sessions- sment (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 |
|---------------------------|---|--|---|---|
| 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 | 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 iducation; 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-Resident ervices Intensive Outpation ; Juvenile Non-Resider | dential Services atient Treatment; ntial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; lg | | |
| Other Services. | Silding 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 - Individual-Mental Health; Outpatient Therapy incleental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | | |
| 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: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includii ental Health; Outpatient Therapy - Eating Disorder; Day Treatment D nent: Mental Status 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: | General Education Class | | |
| Other Services: | Sliding Fee Scale: | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatie | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa It Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| | Co-Occurring Treatment; Juvenile Assessment So Residential Services Outpatient - Co-Occurring T | aluations; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser reatment | vices Outpatient - Ind | dividual; Juvenile Non |
| 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: | Evening Reporting; Non-Treatment: Anger Manag Outpatient Therapy including Group Sessions-Me | atment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm gement Class; Non-Treatment: General Education Class; Outpatient Intal Health; Outpatient Therapy including Family Sessions-Mental H y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid | Therapy - Individual ealth; Outpatient The | Mental Health; 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 | |
| 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; 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; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (200)022 4044 |
| Stermensky, Dr. Gage | | | (111)110 0000 | (308)832-4844 |
| Substance Abuse Services: | 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 Evaluat | Non-Residential Se Abuse Evaluations; | rvices Outpatient - Juvenile 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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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

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 |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Eating [| Disorder |
| Other Services: | Sliding Fee Scale; | | | |
| 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; Assess | ment: 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 | | |
| 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 | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ting Disorder; Outpa t Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |

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; | 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 Idividual; Juvenile Non-Residential Services Outpatient - Co-Occu (bio-psychosocial) | ; Adult Non-Residential Services Substance Abuse E Non-Residential Services | ervices Outpatient - valuations; Juvenile Outpatient - Family | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Assessment: Pre-Treatment Assessment (Medicaid) | tient Therapy including Fa | amily Sessions- | |
| 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 (bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outpa Outpatient Therapy including Family Sessions-Me | Itpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring on-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Itpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre- eatment Assessment (Medicaid); Assessment: Co-Occurring ding 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: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Day Treatment D ent: Mental Status Exam (MSE) | ng Group Sessions-I ay Treatment-Menta | Mental Health; I Health; Assessment: | |
| 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 - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | tpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment edicaid): Assessment: Mental Status 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: | 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: 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; 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 (bio-psychosocial) | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- | |
| 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 | Abuse Evaluations; | Juvenile Non- | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion; Psychological E | valuation | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Therapy-Youth Who Sexually Harm; Assessmen | outh Who Sexually Harm; Outpatient Therapy - Co-occurrin it: Pre-Treatment Assessment (Medicaid); Assessment: Mer Harm Risk Assessment; Assessment: Co-Occurring | | |
| 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/M Family; Juvenile Non-Residential Services Outpat | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In Services Substance Abuse Evaluations; Juvenile Non-Residential H; Juvenile Non-Residential Services Outpatient - Groups; atient - Individual sessment (PTA); Pre-Treatment Assessment (bio-psychoso | dividual; Adult Non-Residential So lential Services Intervention/Educ Juvenile Non-Residential Service | ervices Outpatier cation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | outpatient Therapy including Family Sessions-Mental Health | I | |
| 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 Se Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se | valuations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S iducation; Juvenile Non-Residential Services Care Monitoring SA/MF ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient uvenile Non-Residential Services Intensive Outpatient Treatment | Family; Adult Non-Resident Services Intensive Outparts, Juvenile Non-Resident | dential Services atient Treatment; ntial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; g | ent Therapy including Fa Intensive Outpatient: In | amily Sessions- Itensive Outpatient |
| 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 - Individual-Mental Health; Outpatient Therapy indental Health; Intensive Outpatient: Intensive Outpatient Therapy-Me | | |
| Other Services: | | | | |
| | Sliding Fee Scale; | | | |
| Jones, James | Sliding Fee Scale; Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | - | 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 (402)370-3140 | |

| 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 - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Eating D | Disorder |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| | Outpatient Therapy; Pre-Treatment Assessment | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Thoropy including | Eamily Soccions |
| Suverille Services. | | g: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | | | Ū. | |
| Frances, Sonya | Compassionate Healing Counseling Services Inc | 1811 W 2nd St Suite 420 Grand Island NB 68803 | (308)384-4617 | (844)270-3023 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment A | Assessment |
| 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 | 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: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|---|
| 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 | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| | Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Eating Dis Outpatient Therapy-Youth Who Sexually Harm; | Evaluation -Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie lental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ssment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient Th th; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| 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 Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic n; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residentia ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy ind | Non-Treatment: Anger Management Class; Non-Treatment: General E cluding Group Sessions-Mental Health; Outpatient Therapy including F tensive Outpatient Therapy-Mental Health; Intensive Outpatient: Inten caid); Assessment: Co-Occurring | amily Sessions-Me | ntal Health; Outpatien |
| Other Services: | · · · · · | <i>,</i> | | |
| 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 Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abus Care Monitoring SA/MH; Juvenile Non-Resident Residential Services Outpatient - Individual; Juv Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Ad ces Outpatient - Groups; Adult Non-Residential Services Outpatient - F ervices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se e Evaluations; Juvenile Non-Residential Services Intervention/Educati ial Services Outpatient - Groups; Juvenile Non-Residential Services C enile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re Dutpatient - Family; J | esidential Services tpatient Treatment; esidential Services uvenile Non- |
| mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Neme | A | A delana a | Dhana | Ferr |
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| Name | Agency | Address | Phone | Fax |
| | Mental Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- no Sexually Harm; |
| 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 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; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | dult Non-Residential rices Intervention/Ec esidential Services | Services Outpatient |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occur tus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk As | ring; Assessment: F | |
| 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; Ad ht - 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; Juveni es Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| 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 | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individ Services Substance Abuse Evaluations; Juvenile Non-Residentia H; Juvenile Non-Residential Services Outpatient - Groups; Juve atient - Individual | lual; Adult Non-Residential Se al Services Intervention/Educ | ervices Outpatient ation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); | ; Co-Occurring | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| 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 | lual; Adult Non-Residential Se | ervices Outpatient |
| Mental Health Services: | Juvenile Non-Residential Services Outpatient - C | • | Non-Residential Services Ou | |
| | Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | Co-Occurring Treatment (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Ou | | tpatient - Individua |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | Co-Occurring Treatment (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Ou | | tpatient - Individua |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | Co-Occurring Treatment (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Ou | | tpatient - Individua |
| Juvenile Services: Other Services: Williamson, Michael | Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ev | Co-Occurring Treatment (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Co-Occurring | tpatient Therapy including Fa (402)336-2800 on; Adult Non-Residential Ser | tpatient - Individua mily Sessions- rvices Outpatient - |
| Juvenile Services: Other Services: Williamson, Michael Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie | co-Occurring Treatment (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Co-Occurring 221 West Douglas St O'Neill NB 68763 valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ | tpatient Therapy including Fa (402)336-2800 on; Adult Non-Residential Ser | tpatient - Individua mily Sessions- rvices Outpatient - |
| Juvenile Services: Other Services: Williamson, Michael Substance Abuse Services: Mental Health Services: | Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Outp | Co-Occurring Treatment (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Our g; Assessment: Co-Occurring 221 West Douglas St O'Neill NB 68763 valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ (bio-psychosocial); Co-Occurring vatient Therapy - Individual-Mental Health; Outpatient Therapy in ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy | tpatient Therapy including Fa (402)336-2800 on; Adult Non-Residential Ser lual; Adult Non-Residential Ser ncluding Group Sessions-Mer | tpatient - Individu mily Sessions- rvices Outpatient ervices Outpatien ntal Health; |

| Name | Agency | Address | Phone | Fax |
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| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | ring Treatment | rvices Outpatient - |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre- ment: Juvenile Who Sexually Harm Risk Assessment; Assessment: | Treatment Assessm | |
| 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; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - |
| | Outpatient Therapy; Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Thoropy Esting | Disordor: Intonsivo |
| Juvernie Services. | Outpatient: Intensive Outpatient Therapy-Mental | | In merapy - Lating t | |
| 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 Outpatie Co-Occurring Treatment; Adult Residential Servic Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ces 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 ance Abuse Evaluatio sidential Services O | Services Outpatient ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includii ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Co-Occurring | | |
| 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 | | dult Non-Residential es Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Juvenile Services: Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|----------------------------------|-----------------------|
| 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 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac | lult Non-Residential | Services Outpatient - |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment | nt - Family; Adult Non-Residential Services Outpatient - Individual | | |
| | | Treatment: General Education Class; Outpatient Therapy - Individua | I-Mental Health [.] Out | patient Therapy |
| | including Group Sessions-Mental Health; Outpati | ent Therapy including Family Sessions-Mental Health; Outpatient Th | | |
| Other Services | | nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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 | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-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: | | aluations; 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ;; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | | | oo occuming | |
| Buller, Daniel | Crossroads Center | 702 W 14th St Hastings NB 68901 | (307)921-8657 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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: | | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (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 | |
| Mantal Haalik Ora isaa | Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dential Services Out | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Other Services: | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | imng; Assessment |
| | | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | (402)462-2045 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Individual; Adurices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | |
| 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; 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 n-Residential Service | Services Outpatien Evaluations; Juve |

| Name | Agency | Address | Phone | Fax |
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| | Outpatient Therapy - Individual-Mental Health; Ou Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Outpat | ent Therapy - Co-occi | urring |
| Dunlop, Terry | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individu ent Therapy including Family Sessions-Mental Health; Intensive Ou ssment (Medicaid) | | |
| 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 | raluations; Adult Non-Residential Services Intervention/Education; Ant - 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; Juve sidential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu | ation | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpat Pre-Treatment Assessment (Medicaid); Assessment: Mental Status co-Occurring | | |
| Other Services: | | | | |
| 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpati der; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services: | | | | |
| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | raluations; Adult Non-Residential Services Outpatient - Family; Adul tient - Co-Occurring Treatment; Juvenile Assessment Services Sub e 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; Adults who Sexually Harm Evalu | ation | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpat ient: Co-Occurring | ent Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | - | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| 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: | | | | |
| Frances, Sonya | Compassionate Healing Counseling Services Inc | 1811 W 2nd St Suite 420 Grand Island NB 68803 | (308)384-4617 | (844)270-3023 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessn | nent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| 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: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Fry, Jennifer | | 7410 South 33 Street Lincoln NB 68516 | (402)975-2289 | (402)975-2287 |
| | 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: | Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpa /ho Sexually Harm Risk Assessment; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | Ū. | | |

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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| 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: Psychologic | al Evaluation; Assess | ment: Juvenile Who |
| Hoyt, David | Dave Hoyt Counseling LLC | 1917 West Faidley Ave Grand Island NB 68803 | (308)627-7061 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenile Treatment | valuations; 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: | | | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occu | urring |
| Other Services: | Sliding Fee Scale; | | | |
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (308)339-0962 |
| Substance Abuse Services: Mental Health Services: | 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-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | rring Treatment; Juver ential Services Outpa | nile Assessment tient - Family; Juvenil |
| | 1 13 | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson (Aswegan), Betty | | 2210 30th Ave. Kearney NB 68845 | (308)440-8054 | (308)234-6604 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; | • | Juvenile Assessment | Services Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatienent Assessment (Medicaid); Assessment: Mental Status Exam (MS | | |
| | Cliding For Cooler Dilingual Consistent | | | |

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 |
|---------------------------|--|--|----------------------------|-----------------------|
| Kawata, Ryan | New Beginnings Family Services | 620 N Webb Rd Grand Island NB 68803 | (308)675-0060 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education ent - Individual; Adult Non-Residential Services Outpatient - Co- | | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Out | tpatient Therapy - Co-occu | urring; Day Treatmer |
| Other Services: | Day Treatment-Mental Health; Assessment: Men Sliding Fee Scale; | tal Status Exam (MSE) | | |
| 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: | | | | |
| Kelly, Mike | South Central Behavioral Services | 616 W 5th St Hastings, NB 68901 | (402)326-7329 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | occurring mealment | |
| Juvenile Services: | ,, . | | | |
| 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 int - Family: Adult Non-Residential Services Outpatient - Individent - Individ | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| 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: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | by-Mental Health; Intensive Outpatient: Intensive Outpatient- Ea Pre-Treatment Assessment (Medicaid); Assessment: Mental Sta | | utpatient: Intensive |
| | | | | |

Other Services: Sliding Fee Scale;

| | Name | Agency | Address | Phone | Fax |
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| Koch, Lor | ri | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Sub | ostance 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; A ent - 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-Resident | 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: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| | Other Services: | Sliding Fee Scale; | | | |
| Krejci, An | าท | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Mental Health Services: | Family; Adult Non-Residential Services Partial Ca | | -Residential Service | s Outpatient - Co- |
| | 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 |
| Sub | stance Abuse Services: | | | | |
| | Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | Evaluation | | |
| | Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie 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 | ealth; Outpatient The this intensive Outpati | erapy - Youth Who ent: Intensive |
| | Other Services: | | | | |
| Leddy, Ka | ayla | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| | Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | (bio-psychosocial); Co-Occurring | dult Non-Residential vices Intervention/Ec | Services Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Lemos, Tara | Crisis Center | 2251 N Webb Road Grand Island NB 68803 | (308)382-8250 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| | Bilingual Services; | | | |
| 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: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| 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; Juvenile Non-Residential Services Outpatient - C | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | Adult Non-Residential Services Intervention/Educ Residential Services Ou | ervices Outpatient ation; Juvenile tpatient - Individual |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre sment: Psychological Evaluation; Assessment: Juvenile Who Sexual | -Treatment Assessmen | t (Medicaid); |
| Other Services: | | | | |
| Mayfield, Liz | Hope Harbor Inc | 615 W 1st Street Grand Island NB 68801 | (308)385-5190 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual 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 | valuations; Adult Non-Residential Services Intervention/Education; 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 O enile Non-Residential Services | Family; Adult Non-Residervices Intensive Outpation; Juvenile Non-Residered | dential Services atient Treatment; lential Services |

| Name | Agency | Address | Phone | Fax |
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| | Outpatient - Co-Occurring Treatment; Juvenile N | Ion-Residential Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Health; Outpat rder; Assessment: Pre-Treatment Assessment (Medicaid) | tient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | nuel, Assessment. Fie-meatment Assessment (Medicald) | | |
| McMaster, Brianna | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ le Assessment Services Substance Abuse Evaluations; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur | urring Treatment; Adult on-Residential Services | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Dutpatient Therapy - Co-occurring | | |
| 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 | enile Youth Who Sexually Harm Evaluation (YWSH); Adults who Se | exually Harm Evaluation | n; Psychological |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medic Who Sexually Harm Risk Assessment | caid); Assessment: Mental Status Exam (MSE); Assessment: Psych | nological Evaluation; As | sessment: Juvenile |
| Other Services: | | | | |
| Mexcur, Victoria | 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; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ Residential Services Short Term Residential | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient: | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Menta apy including Family Sessions-Mental Health; Outpatient Therapy - tient Therapy-Mental Health; Intensive Outpatient: Intensive Outpati caid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Fost | Eating Disorder; Outpatient Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |

| Name | Agency | Address | Phone | Fax |
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| 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: 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 | | | |
| Redman, Danielle | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Assessr | nent: Pre-Treatment | Assessment |
| Other Services: | (Medicaid) | | | |
| Riessland, Bryce | | 124 W. 46th Ave. Suite 105 Kearney NB 68848 | (308)440-5294 | (308)388-5545 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Rivera, Elia | | 312 North Elm Street Suite 105 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 - C Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | Adult Non-Residentia rvices Intervention/Ec Residential Services | I Services Outpatient ducation; Juvenile Outpatient - Individua |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy - Co-occurring | batient Therapy - Individual-Mental Health; Outpatient Therapy includ | ing Group Sessions- | Mental Health; |

| Name | Agency | Address | Phone | Fax |
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| 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 es Outpatient - Individual; Adult Non-Residential Services Outpat | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Spellbrink, Sarah | | 312 N. Elm St. Suite 115 Grand Island NB 68801 | (308)379-6932 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual | valuations; Adult Non-Residential Services Outpatient - Family; A | dult Non-Residential Servi | ces Outpatient - |
| 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 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educatior ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S n; Juvenile Non-Residential Services Outpatient - Groups; Juvenil ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ (bio-psychosocial) | al; Adult Non-Residential S ervices Substance Abuse e Non-Residential Services | Services Outpatien Evaluations; Juver s Outpatient - Fam |
| | Outpatient Therapy - Individual-Mental Health; C | Outpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Pre-Treatment Assessment (Medicaid) | patient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | e Evaluations; Juvenile Non-Residential Services Outpatient - Gro Services Intensive Outpatient Treatment | oups; Juvenile Non-Reside | ntial Services |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Juvenile Services. | | | | |

| 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 | | Adult Non-Residential ervices Intervention/Ec Non-Residential Servi | Services Outpatient |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co | -Occurring | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Veronee, Tony | | 1040 S. Wabash Ave., Apt. 208 Hastings NB 68901 | (308)737-8952 | |
| | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Adult Non-Residential S Outpatient Therapy; Pre-Treatment Assessment | | Adult Non-Residential S | Services Outpatient - |
| | | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive O | utpatient Therapy-Men | tal Health; Intensive |
| 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 | aluations; Adult Non-Residential Services Outpatient - Co-Occurrin | ng Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessmen | t (bio-psychosocial) | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Asses Evaluation; Assessment: Mental Status Exam (MSE); Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (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 | 0 | Adult Non-Residential ervices Intervention/Ec | Services Outpatient lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | | Phone | Fax |
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| | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | | tal Health; Outpatier | nt Therapy including | Family Sessions- |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Isla | nd NB 68803 | (308)384-4405 | (308)339-0962 |
| | 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 - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Co-Occurring | | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring | | tal Health; Outpatie | nt Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| Substance Abuse Services: | | raluations; 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 | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | luation | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpa Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: I sment: Juvenile Who Sexually Harm Risk Assessment; Assessme | Pre-Treatment Assessm | |
| 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/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | · · · · · · · · · · · · · · · · · · · | 9 | |
| | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outp Health; Assessment: Mental Status Exam (MSE) | atient Therapy - Eating | Disorder; Intensive |
| | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; | | atient Therapy - Eating | Disorder; Intensive |
| | Outpatient: Intensive Outpatient Therapy-Mental | | (402)879-5959 | Disorder; Intensive (402)759-3803 |
| Other Services: Betka, Cindy | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev | Health; Assessment: Mental Status Exam (MSE) | (402)879-5959 Adult Non-Residential | (402)759-3803 |
| Other Services: Betka, Cindy Substance Abuse Services: | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev | Health; Assessment: Mental Status Exam (MSE) 942 N 13th St. Geneva NB 68361 raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua | (402)879-5959 Adult Non-Residential | (402)759-3803 |
| Other Services: Betka, Cindy Substance Abuse Services: Mental Health Services: | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | Health; Assessment: Mental Status Exam (MSE) 942 N 13th St. Geneva NB 68361 raluations; Adult Non-Residential Services Intervention/Education int - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial) Treatment: General Education Class; Outpatient Therapy - Individ ent Therapy including Family Sessions-Mental Health; Outpatient | (402)879-5959 Adult Non-Residential I | (402)759-3803 Services Outpatient - patient Therapy |
| Other Services: Betka, Cindy Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | Health; Assessment: Mental Status Exam (MSE) 942 N 13th St. Geneva NB 68361 raluations; Adult Non-Residential Services Intervention/Education int - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial) Treatment: General Education Class; Outpatient Therapy - Individ | (402)879-5959 Adult Non-Residential I | (402)759-3803 Services Outpatient - patient Therapy |
| Other Services: Betka, Cindy Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatment | Health; Assessment: Mental Status Exam (MSE) 942 N 13th St. Geneva NB 68361 raluations; Adult Non-Residential Services Intervention/Education int - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial) Treatment: General Education Class; Outpatient Therapy - Individ ent Therapy including Family Sessions-Mental Health; Outpatient | (402)879-5959 Adult Non-Residential I | (402)759-3803 Services Outpatient - patient Therapy |
| Other Services: Betka, Cindy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Brugger, Keri Substance Abuse Services: | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | Health; Assessment: Mental Status Exam (MSE) 942 N 13th St. Geneva NB 68361 raluations; Adult Non-Residential Services Intervention/Education ont - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial) Treatment: General Education Class; Outpatient Therapy - Individua (bin Therapy including Family Sessions-Mental Health; Outpatient nent Assessment (Medicaid); Assessment: Co-Occurring 2608 Oldfair Rd. Grand Island NB 68803 raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua | (402)879-5959 Adult Non-Residential Iual-Mental Health; Outp Therapy - Eating Disord (308)382-5297 Adult Non-Residential | (402)759-3803 Services Outpatient - batient Therapy der; Outpatient (308)382-5315 Services Outpatient - |
| Other Services: Betka, Cindy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Brugger, Keri Substance Abuse Services: Mental Health Services: | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment | Health; Assessment: Mental Status Exam (MSE) 942 N 13th St. Geneva NB 68361 raluations; Adult Non-Residential Services Intervention/Education ont - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial) Treatment: General Education Class; Outpatient Therapy - Individua (bin Therapy including Family Sessions-Mental Health; Outpatient nent Assessment (Medicaid); Assessment: Co-Occurring 2608 Oldfair Rd. Grand Island NB 68803 raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua | (402)879-5959 Adult Non-Residential Iual-Mental Health; Out Therapy - Eating Disor (308)382-5297 Adult Non-Residential I; Adult Non-Residential | (402)759-3803 Services Outpatient - batient Therapy der; Outpatient (308)382-5315 Services Outpatient - Services Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Frances, Sonya | Compassionate Healing Counseling Services Inc | 1811 W 2nd St Suite 420 Grand Island NB 68803 | (308)384-4617 | (844)270-3023 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | (Medicaid) | outpatient Therapy including Family Sessions-Mental Health; Assessr | nent: Pre-Treatment | Assessment |
| 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/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur residential Services Outpatient - Family; Juvenile Non-Residential Ser Freatment | ring Treatment; Juve | nile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Pre-Treatment Assessment (Medicaid); Assessn | outpatient Therapy including Family Sessions-Mental Health; Outpatie nent: Co-Occurring | ent Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | ů – | | |
| 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 | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologic | al Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| | | | (000)000 5500 | (308)339-0962 |
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (300)339-0902 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Intensive Outpatient Treatment | 1811 West 2nd St. suite 450 Grand Island NB 68801 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 Treatm | t Non-Residential Sel ring Treatment; Juve ential Services Outpa | vices Outpatient - nile Assessment tient - Family; Juveni |
| Substance Abuse Services: Mental Health Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Intensive Outpatient Treatment Outpatient Therapy | valuations; 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 | t Non-Residential Sel ring Treatment; Juve ential Services Outpa nent; Juvenile Non-R | vices Outpatient - nile Assessment tient - Family; Juvenil esidential Services |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Intensive Outpatient Treatment Outpatient Therapy | 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 | t Non-Residential Sel ring Treatment; Juve ential Services Outpa nent; Juvenile Non-R | vices Outpatient - nile Assessment tient - Family; Juvenil esidential Services |

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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: | 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 |
| | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Indi | | Services Outpatient |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| 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: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosoci | al) | |
| Juvenile Services: | | by-Mental Health; Intensive Outpatient: Intensive Outpatient- Pre-Treatment Assessment (Medicaid); Assessment: Mental | | utpatient: Intensive |
| 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 Partial C | | Adult Non-Residential Service | s Outpatient - Co- |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Address | FIIOIle | Γαλ |
| 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-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie 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 | ealth; Outpatient The t | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ting Disorder, Outpa t Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| 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: | | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Individual; Adult Non-Residential Services Outpatient | | |
| 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 | |
| | 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; Ac 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 es Substance Abuse n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| | | g; Assessment: Pre-Treatment Assessment (Medicaid) | a morapy morading | anny cossions |
| Other Dervices. | Shung i ee Scale, | | | |

| Name | Agency | Address | Phone | Fax |
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| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - | Groups; Juvenile Non-Resid | dential Services |
| Mental Health Services: | • | Services intensive Outpatient Treatment | | |
| 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 Ex | valuations; Adult Non-Residential Services Outpatient - Co-Oc | curring Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | nile Pre-Treatment Assessment (PTA); Pre-Treatment Asses | sment (bio-psychosocial) | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; A Evaluation; Assessment: Mental Status Exam (MSE); Assessr | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (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 | 0 | idual; Adult Non-Residentia tial Services Intervention/Ec | l Services Outpatient ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | Note of the of The second in the dist | F ' bO ' |
| | Mental Health; Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; C g; Assessment: Co-Occurring | putpatient Therapy including | ramily Sessions- |

| Name | Agency | Address | Phone | Fax |
|---|---|--|-----------------------------|-----------------------|
| Carlson, Nancy | Counseling Toward Hope | 710 Burlington Holdrege NB 68949 | (308)995-6691 | (855)995-6830 |
| | | valuations; Adult Non-Residential Services Intervention/Educat nt - Individual; Adult Non-Residential Services Outpatient - Co- (bio-psychosocial) | | Services Outpatient - |
| 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 Ser Residential Services Intensive Outpatient Treatm | valuations; Adult Non-Residential Services Outpatient - Individu vices Substance Abuse Evaluations; Juvenile Non-Residential nent | | |
| 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 | | |
| 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: | | | | |
| 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 Partial C | | ult Non-Residential Service | es Outpatient - Co- |

| 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The | erapy - Youth Who ent: Intensive |
| 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 Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| 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 - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatmen Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | nt Therapy including ent: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| 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: | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | 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

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

| Name | Agency | Address | Phone | Fax |
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| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | 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; 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 rices Substance Abuse Ion-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; ISE); Assessment: Co-Occurring | | |
| | | | (000) 707 4054 | |
| 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 | (bio-psychosocial): Co-Occurring | | |
| | | | | |
| | Non-Treatment: Anger Management Class; Outp | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Day Treatment | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Day Treatment | | |
| Juvenile Services: Other Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Day Treatment | | |
| Juvenile Services: Other Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Day Treatment Interapt - Eating Disorder; Day Treatment Interact Mental Status Exam (MSE) | Day Treatment-Menta | |
| Juvenile Services: Other Services: Jones, James | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Day Treatment Interapt - Eating Disorder; Day Treatment Interact Mental Status Exam (MSE) | Day Treatment-Menta | |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Day Treatment I ent: Mental Status Exam (MSE) PO Box 22746 Lincoln NB 68542 | Day Treatment-Menta | |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assess Sliding Fee Scale; Community Justice Center Outpatient Therapy | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Day Treatment I ent: Mental Status Exam (MSE) PO Box 22746 Lincoln NB 68542 | Day Treatment-Menta | |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assess Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Day Treatment I nent: Mental Status Exam (MSE) PO Box 22746 Lincoln NB 68542 | Day Treatment-Menta (402)429-1050 (402)370-3140 | l Health; Assessment |

| 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 Inten Residential Services Outpatient - Groups; Juver | Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult sive Outpatient Treatment; Juvenile Assessment Services Substanc nile Non-Residential Services Outpatient - Individual t (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu | e Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | Outpatient Therapy including Group Sessions-Mental Health; Outpati o Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpa nt Assessment (Medicaid); Assessment: Mental Status Exam (MSE) Assessment; Assessment: Co-Occurring | tient: Intensive Outpar | tient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - | 5 | Adult Non-Residentia ervices Intervention/E | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin | Dutpatient Therapy including Group Sessions-Mental Health; Outpating; Assessment: Co-Occurring | ient Therapy including | Family Sessions- |
| 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 | | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Day Treatment Da ent: Mental Status Exam (MSE) | | |
| 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; 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; Adservices 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 Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | it Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | , Assessment. The meathern Assessment (wedicald) | | |
| 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 Evaluati | on; Psychological Ev | aluation |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpati | ent Therapy-Youth |
| Other Services: | Sliding Fee Scale; | - | | |

| Name | Agency | Addr | ess | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 6 | 8701 | (402)750-9660 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | nt - Family; Adult Non-Residential S | ervices Outpatient - Individual; Ac | ult 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 N | lorfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | 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 - Individual; Juvenile Non-Resolution Outpatient Treatment | SA/MH; Adult Non-Residential Servio t - Individual; Adult Non-Residential esidential Services Dual Residential pns; Juvenile Non-Residential Servio vices Outpatient - Groups; Juvenile I | ces Outpatient - Groups; Adult No Services Outpatient - Co-Occurri (MH/SA); Adult Residential Servi ces Intervention/Education; Juven Non-Residential Services Outpati | on-Residential Servic ng Treatment; Adult ces Short Term Res ile Non-Residential ent - Family; Juvenil | es Outpatient - Non-Residential idential; Juvenile Services Care e Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment (Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me Intensive Outpatient Therapy-Mental Health; Inter (Medicaid); Assessment: Co-Occurring | atient Therapy - Individual-Mental He ental Health; Outpatient Therapy - E | ating Disorder; Outpatient Therap | y - Co-occurring; Int | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Brooks, Cristy | Good Life Counseling & Support | 118 E State St Atkinson NB 68 | 8713 | (402)340-0022 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Menta | al Health; Outpatient Therapy inclu | uding Family Session | ns-Mental Health |
| Other Services: | | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser | es Outpatient - Groups; Adult Non-R | esidential Services Outpatient - F | amily; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile 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 |
|---------------------------|--|---|--|--|
| Other Services: | 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: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Commu | unity Treatment Aide | | |
| 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 - Gro Adult Non-Residential Services Outpatient - Co- Short Term Residential; Juvenile Assessment So Residential Services Outpatient - Groups; Juven | Assessment Services Substance Abuse Evaluations; Adult Non-Res pups; Adult Non-Residential Services Outpatient - Family; Adult Non- Occurring Treatment; Adult Non-Residential Services Intensive Out ervices Substance Abuse Evaluations; Juvenile Non-Residential Se hile Non-Residential Services Outpatient - Family; Juvenile Non-Res Co-Occurring Treatment; Juvenile Non-Residential Services Intensive | -Residential Services (patient Treatment; Adu rvices Intervention/Edu sidential Services Outp | Dutpatient - Individua Ilt Residential Servic ucation; Juvenile No atient - Individual; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Health; Outpat ng; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| 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-Resident Residential Services Outpatient - Individual; Juv Intensive Outpatient Treatment | 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/Educa- tial Services Outpatient - Groups; Juvenile Non-Residential Services renile Non-Residential Services Outpatient - Co-Occurring Treatment component (PTA): Pro Treatment Assessment (his psychosocial): Co | - Family; Adult Non-Re Services Intensive Ou ation; Juvenile Non-Re Outpatient - Family; J It; Juvenile Non-Reside | esidential Services tpatient Treatment; esidential Services uvenile Non- |
| | | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co | • | actions Thorson |
| Juvenile Services: | including Group Sessions-Mental Health; Outpat | n-Treatment: General Education Class; Outpatient Therapy - Individu tient Therapy including Family Sessions-Mental Health; Outpatient 7 y Treatment Day Treatment-Mental Health; Assessment: Pre-Treatr | Therapy - Co-occurring | ; Intensive Outpatie |
| Other Corriero | | | | |

Other Services: Sliding Fee Scale; Bilingual Services;

| 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 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential | Services Intensive venile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | nt Therapy including ssessment: Pre-Trea | Family Sessions- atment Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Kallhoff, Paige | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| 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 | Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The t | rapy - Youth Who ent: Intensive |
| 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 | 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- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy incl | Ion-Treatment: Anger Management Class; Non-Treatment: General E luding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Inten aid); Assessment: Co-Occurring | amily Sessions-Men | tal Health; Outpatient |

| Name | Agency | Address | Phone | Fax |
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| 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: | 1 1, | | | |
| Juvenile Services: Other Services: | Non-Treatment: Intensive Family Preservation | on; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocia | al) | | |
| Other Services: | occurring; Intensive Outpatient: Intensive Out | Therapy including Family Sessions-Mental Health; Outpatient The tpatient Therapy-Mental Health; Intensive Outpatient: Intensive (ledicaid); Assessment: Mental Status Exam (MSE); Out-Of-Home | Outpatient Therapy-Youth Wh | o Sexually Harm; |
| 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 Assessm | nent (bio-psychosocial) | | |
| Juvenile Services: | Supervised Visitation; Non-Treatment: Day F Education Class; Outpatient Therapy - Indivi Family Sessions-Mental Health; Outpatient T Health; Intensive Outpatient: Intensive Outpatient | n-Treatment: Tracker (Except Douglas County); Non-Treatment: Reporting; Non-Treatment: Evening Reporting; Non-Treatment: A dual-Mental Health; Outpatient Therapy including Group Sessior Therapy - Eating Disorder; Community Treatment Aide; Intensive atient- Eating Disorder; Intensive Outpatient: Intensive Outpatien nent: Mental Status Exam (MSE); Contracted Services: Tracker; | nger Management Class; No ns-Mental Health; Outpatient ⊺ Outpatient: Intensive Outpati t Therapy-Co-occurring; Asse | n-Treatment: Gener Therapy including ent Therapy-Mental ssment: Pre- |
| 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/ | Education; Adult Non-Residential Services Outpatient - Groups | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Nor | n-Treatment: Supervised Visitation; Community Treatment Aide | | |
| 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; /idual; Adult Non-Residential Services Outpatient - Co-Occu | | |
| 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: | | Outpatient Therapy - Individual-Mental Health; Outpatient Th | erapy including Group Sessio | ns-Mental Health; |
| Other Services: | Outpatient Therapy Including Family Sessions-M | ental Health; Outpatient Therapy - Eating Disorder | | |
| 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; Juv | valuations; Adult Non-Residential Services Intervention/Educent - Family; Adult Non-Residential Services Outpatient - Indes Short Term Residential; Juvenile Assessment Services Sulenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Intensive Outpatient | lividual; Adult Non-Residential bstance Abuse Evaluations; J e Non-Residential Services O | Services Intensive uvenile Non- utpatient - Family; |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; g; Intensive Outpatient: Intensive Outpatient Therapy-Co-oc | | |
| 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 Inten Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult No dult Non-Residential Services Outpatient - Individual; Adult N sive Outpatient Treatment; Adult Residential Services Short sidential Services Outpatient - Groups; Juvenile Non-Reside enile Non-Residential Services Outpatient - Co-Occurring Tr | Non-Residential Services Outr Term Residential; Juvenile A ential Services Outpatient - Fa eatment; Juvenile Non-Reside | oatient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | 1 137 | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; g; Intensive Outpatient: Intensive Outpatient Therapy-Co-oc ISE); Assessment: Psychological Evaluation; Assessment: 0 | curring; Assessment: Pre-Tre | Family Sessions- atment Assessment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Sotelo, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| 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 s ces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | patient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre | e-Treatment Assessm | ent (Medicaid) |
| Other Services: | 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 | 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 s ces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | The second second second second | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g: Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy Including F | -amily Sessions- |
| 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); Adul | ts who Sexually Harm | Evaluation |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Community Treatment Aide; Asse Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatien ssment: Pre-Treatment Assessment (Medicaid) | nt Therapy including F | amily Sessions- |

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 |
|---------------------------|---|---|--|---|
| 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 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 Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Juv ndividual; Juvenile Non-Residential Services Outpatient - Co- | vidual; Adult Non-Residential S nt Services Substance Abuse E enile Non-Residential Services | ervices Outpatient Evaluations; Juvenil Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; (g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ | | |
| 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/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Outpatier Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | , i i i i i i i i i i i i i i i i i i i | | |
| 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 | on (YWSH); Pre-Treatment Ass | essment (bio- |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; | Outpatient Therapy - Individual-Mental Health; Outpatient The Community Treatment Aide; Intensive Outpatient: Intensive (aid); Assessment: Juvenile Who Sexually Harm Risk Assess | Outpatient Therapy-Youth Who | |
| Other Services: | Sliding Eco Scole: Hearing Impaired: | • | | |

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 Co-Occurring Treatment; Adult Non-Residential | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessm | dividual; Adult Non-Residential | Services Outpatient |
| Mental Health Services: | | ; Juvenile Non-Residential Services Outpatient - Groups; Jundividual; Juvenile Non-Residential Services Outpatient - C (bio-psychosocial) | | es Outpatient - Fami |
| | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | ndividual; Juvenile Non-Residential Services Outpatient - C | o-Occurring Treatment; Juvenil | es Outpatient - Fami e Non-Residential |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | ndividual; Juvenile Non-Residential Services Outpatient - C (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health | o-Occurring Treatment; Juvenil | es Outpatient - Famil e Non-Residential |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin | ndividual; Juvenile Non-Residential Services Outpatient - C (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health | o-Occurring Treatment; Juvenil | es Outpatient - Famil e Non-Residential |
| Juvenile Services: Other Services: Stermensky, Dr. Gage | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi | ndividual; Juvenile Non-Residential Services Outpatient - C (bio-psychosocial) Putpatient Therapy including Group Sessions-Mental Health g; Assessment: Pre-Treatment Assessment (Medicaid) 1811 Avenue A Scottsbluff NB 69361 valuations; Adult Non-Residential Services Outpatient - Gro sive Outpatient Treatment; Juvenile Assessment Services S | o-Occurring Treatment; Juvenil ; Outpatient Therapy including (417)413-0085 pups; Adult Non-Residential Ser | es Outpatient - Famil e Non-Residential Family Sessions- (308)832-4844 vices Outpatient - |
| Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juven | ndividual; Juvenile Non-Residential Services Outpatient - C (bio-psychosocial) outpatient Therapy including Group Sessions-Mental Health g; Assessment: Pre-Treatment Assessment (Medicaid) 1811 Avenue A Scottsbluff NB 69361 valuations; Adult Non-Residential Services Outpatient - Gro | o-Occurring Treatment; Juvenil ; Outpatient Therapy including (417)413-0085 pups; Adult Non-Residential Ser Substance Abuse Evaluations; J | es Outpatient - Fami e Non-Residential Family Sessions- (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 - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juven Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | ndividual; Juvenile Non-Residential Services Outpatient - C (bio-psychosocial) hutpatient Therapy including Group Sessions-Mental Health g; Assessment: Pre-Treatment Assessment (Medicaid) 1811 Avenue A Scottsbluff NB 69361 valuations; Adult Non-Residential Services Outpatient - Gro sive Outpatient Treatment; Juvenile Assessment Services S ile Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Har putpatient Therapy including Group Sessions-Mental Health Sexually Harm; Outpatient Therapy - Co-occurring; Intensiv at Assessment (Medicaid); Assessment: Mental Status Exar | o-Occurring Treatment; Juvenil ; Outpatient Therapy including (417)413-0085 pups; Adult Non-Residential Ser Substance Abuse Evaluations; J rm Evaluation; Psychological Ev ; Outpatient Therapy including ve Outpatient: Intensive Outpati | es Outpatient - Fam e Non-Residential Family Sessions- (308)832-4844 vices Outpatient - luvenile Non- valuation Family Sessions- ent Therapy-Youth |

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 |
|---------------------------|--|---|-----------------------------|----------------------|
| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | • |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family atient - Co-Occurring Treatment; Juvenile Assessment Service le Non-Residential Services Outpatient - Individual; Juvenile N | s Substance Abuse Evaluat | tions; Juvenile Non |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm | Evaluation | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessn | Nutpatient Therapy including Family Sessions-Mental Health; C nent: Co-Occurring | Outpatient Therapy - Co-occ | urring; Assessment |
| Other Services: | Sliding Fee Scale; | - | | |
| Frances, Sonya | Compassionate Healing Counseling Services Inc | 1811 W 2nd St Suite 420 Grand Island NB 68803 | (308)384-4617 | (844)270-3023 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid) | Putpatient Therapy including Family Sessions-Mental Health; A | ssessment: Pre-Treatment | Assessment |
| 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 Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocia | I) | |
| Juvenile Services: | | py-Mental Health; Intensive Outpatient: Intensive Outpatient- E Pre-Treatment Assessment (Medicaid); Assessment: Mental S | | utpatient: Intensive |
| Other Services: | Sliding Eco Scolo: | | | |

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 | valuation | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H arder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The th; Intensive Outpatie | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Leddy, Kayla | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| | 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 |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Individual-Mental Health; As | ssessment: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Output and Alburn C | | | | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa nt Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medica | py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier | ating Disorder; Outpa nt Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial) Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medica | py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier | ating Disorder; Outpa nt Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| Mental Health Services: Juvenile Services: Other Services: Rowe, Leisa | Pre-Treatment Assessment (bio-psychosocial) Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medica Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ev | npy including Family Sessions-Mental Health; Outpatient Therapy - Ea ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa t Therapy-Youth Wh Care (Relative/Kinsh (308)398-6050 lult Non-Residential 3 | titient Therapy - Co- o Sexually Harm; ip) (308)398-6051 Services Care |
| Mental Health Services: Juvenile Services: Other Services: Rowe, Leisa Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial) Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medica Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ev | py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster 908 N. Howard Ave, Suite 102 Grand Island NB 68803 raluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Individual; Adult Non-Residential Services Outpatient | ating Disorder; Outpa t Therapy-Youth Wh Care (Relative/Kinsh (308)398-6050 lult Non-Residential 3 | titient Therapy - Co- o Sexually Harm; ip) (308)398-6051 Services Care |
| Mental Health Services: Juvenile Services: Other Services: Rowe, Leisa Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial) Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medica Leisa Rowe Counseling Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Services Outpatient Therapy; Pre-Treatment Assessment | py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster 908 N. Howard Ave, Suite 102 Grand Island NB 68803 raluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Individual; Adult Non-Residential Services Outpatient | ating Disorder; Outpa t Therapy-Youth Wh Care (Relative/Kinsh (308)398-6050 lult Non-Residential 3 | titient Therapy - Co- o Sexually Harm; ip) (308)398-6051 Services Care |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier tent Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | | |
| 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; Adu 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 | 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| 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 Outpa | | dult Non-Residential vices Intervention/Ed on-Residential Servi | Services Outpatient - lucation; Juvenile |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring | |
| Other Services: | Outpatient Therapy - Individual-Mental Health; Ol | utpatient Therapy including Family Sessions-Mental Health | | |
| 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 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-R avenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential rices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy; Co-Occurring | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| 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; Advices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (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 S | Family; Adult Non-Re | sidential 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 | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; | dults who Sexually Harm Evaluation; Psychological Evaluation Assessment: Mental Status Exam (MSE); Assessment: Psychologic | cal Evaluation; Assess | ment: Juvenile Who |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | | cal Evaluation; Assess | ment: Juvenile Who |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | | cal Evaluation; Assess (402)429-1050 | ment: Juvenile Who |
| Juvenile Services: Other Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center | Assessment: Mental Status Exam (MSE); Assessment: Psychologic | | 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: Psychologic | | 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: Psychologic 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: Psychologic PO Box 22746 Lincoln NB 68542 | | ment: Juvenile Who |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity | Assessment: Mental Status Exam (MSE); Assessment: Psychologic PO Box 22746 Lincoln NB 68542 General Education Class 4432 Sunrise Place Columbus NB 68601 | (402)429-1050 (402)370-3140 | |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment 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 | Assessment: Mental Status Exam (MSE); Assessment: Psychologic PO Box 22746 Lincoln NB 68542 General Education Class | (402)429-1050 (402)370-3140 dult Non-Residential Adult Non-Residential ices Substance Abuse on-Residential Servic | Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly 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; 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 | Assessment: Mental Status Exam (MSE); Assessment: Psychologic PO Box 22746 Lincoln NB 68542 General Education Class 4432 Sunrise Place Columbus NB 68601 raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; J Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | (402)429-1050 (402)370-3140 dult Non-Residential Adult Non-Residential ices Substance Abuse on-Residential Servic | Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|----------------------------|---------------------|
| Other Services: | Sessions-Mental Health; Outpatient Therapy - Co Sliding Fee Scale; | o-occurring; Assessment: Pre-Treatment Assessment (Medic | aid) | - |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| | Adult Assessment Services Substance Abuse Ex Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | oupation merapy, ne neument Assessment | (bio psychosocial), oo 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) | | |
| | 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: | | valuations; Adult Non-Residential Services Intervention/Educant - Individual; Adult Non-Residential Services Outpatient - Co | | Services Outpatient |
| Mental Health Services: | Outpatient Therapy: Pre-Treatment Assessment | | 0-Occurring Treatment | |
| Juvenile Services: | | | | |
| 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 Evaluati ation; Psychological Evaluation | on (YWSH); Pre-Treatment A | Assessment (bio- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; (Sexually Harm; Outpatient Therapy - Eating Disorder; Assess sment: Psychological Evaluation; Assessment: Juvenile Who | sment: Pre-Treatment Asses | sment (Medicaid); |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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 |
| | Outpatient Treatment; Juvenile Assessment Serv Residential Services Intensive Outpatient Treatm | valuations; Adult Non-Residential Services Outpatient - Individual; Adu vices Substance Abuse Evaluations; Juvenile Non-Residential Service nent | | |
| 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 | 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 es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil |
| Mental Health Services: | Outpatient Therapy | | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | ırring |
| Other Services: | Sliding Fee Scale; | | | - |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| 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 |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| 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: | | | | |
| 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; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; Ad rervices Substance Abuse Evaluations; Juvenile Non-Residential Services Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R ro-Occurring Treatment ressment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | dult Non-Residential vices Intervention/Ed residential Services (| Services Outpatient lucation; Juvenile Dutpatient - Individua |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | nt Therapy including | Family Sessions- |
| Other Services: | | 0 | | |
| 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: | , | | | |
| 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; | | | |
| 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-Residential Dual Residential (MH Non-Residential Serv y; Juvenile Non-Resi | Services Outpatient /SA); Adult ices Care Monitoring dential 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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| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Co-occurring; Intensive Out Sliding Fee Scale; | (bio-psychosocial); Co-Occurring patient: Intensive Outpatient Therapy-Co-occurring | | |
| 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpati 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 | Health; Outpatient Thath; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| McNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (402)440-6496 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | 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-Occurri (bio-psychosocial): Co-Occurring | Adult Non-Residentia ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | 5 | | |
| 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 Sexuall | y Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; | Psychological Evalua | tion |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycho | logical Evaluation; As | ssessment: 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 E | valuation; Psychologi | cal Evaluation |

Juvenile Services:

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation | | | |
| 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 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-Occurri | Adult Non-Residentia ices Substance Abus on-Residential Servio | l Services Outpatient - e Evaluations; Juvenil ces Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| 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: | | | | |
| 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 Evalua | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW ation; Psychological Evaluation | SH); Pre-Treatment | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: sment: Psychological Evaluation; Assessment: Juvenile Who Sexual | Pre-Treatment Asses | sment (Medicaid); |
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| 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 Abuse E Co-Occurring; Adults who Sexually Harm Evaluation | valuations | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (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 Serr Residential Services Intensive Outpatient Treatm | valuations; Adult Non-Residential Services Outpatient - Individu vices Substance Abuse Evaluations; Juvenile Non-Residential nent | | |
| Dunlop, Terry | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | | -Treatment: General Education Class; Outpatient Therapy - Inc ient Therapy including Family Sessions-Mental Health; Intensi essment (Medicaid) | | |
| 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 nt - Individual; Adult Non-Residential Services Outpatient - Co e Non-Residential Services Intervention/Education; Juvenile Non- 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 | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm I | Evaluation | |
| | Outpatient Therapy - Individual-Mental Health; O | Outpatient Therapy including Family Sessions-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessment: Mental S | utpatient Therapy - Youth V | Who Sexually Harm; sment: Juvenile Who |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N | s Substance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm | Evaluation | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; C nent: Co-Occurring | Dutpatient Therapy - Co-occurr | ing; Assessment: |
| 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: | | atient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Trea | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| | | | (102)000 1111 | |
| Substance Abuse Services: | | | (102)000 777 1 | |
| | | Adults who Sexually Harm Evaluation; Psychological Evaluation | . , | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; | Adults who Sexually Harm Evaluation; Psychological Evaluation Assessment: Mental Status Exam (MSE); Assessment: Psyc | on | ent: Juvenile Who |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); A | , | on | ent: Juvenile Who |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; | , | on | ent: Juvenile Who |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; | , | on | ent: Juvenile Who |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center | Assessment: Mental Status Exam (MSE); Assessment: Psyc | on hological Evaluation; Assessm | ent: Juvenile Who |
| Mental Health Services: Juvenile Services: Other Services: Jones, James | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center | Assessment: Mental Status Exam (MSE); Assessment: Psyc | on hological Evaluation; Assessm | ent: Juvenile Who |
| Mental Health Services: Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center | Assessment: Mental Status Exam (MSE); Assessment: Psyc PO Box 22746 Lincoln NB 68542 | on hological Evaluation; Assessm | ent: Juvenile Who |
| Mental Health Services: Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy | Assessment: Mental Status Exam (MSE); Assessment: Psyc PO Box 22746 Lincoln NB 68542 | on hological Evaluation; Assessm | ent: Juvenile Who |
| Mental Health Services: Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); A 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: Psyc PO Box 22746 Lincoln NB 68542 | on hological Evaluation; Assessm | ent: Juvenile Who |
| Mental Health Services: Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Mid-Plains Center for Behavioral Healthcare Inc | Assessment: Mental Status Exam (MSE); Assessment: Psyc PO Box 22746 Lincoln NB 68542 General Education Class | n hological Evaluation; Assessm (402)429-1050 | ent: Juvenile Who |
| Mental Health Services: Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Keezer, Chad | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Mid-Plains Center for Behavioral Healthcare Inc | Assessment: Mental Status Exam (MSE); Assessment: Psyc PO Box 22746 Lincoln NB 68542 General Education Class | n hological Evaluation; Assessm (402)429-1050 | ent: Juvenile Who |
| Mental Health Services: Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Keezer, Chad Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Mid-Plains Center for Behavioral Healthcare Inc Outpatient Therapy | Assessment: Mental Status Exam (MSE); Assessment: Psyc PO Box 22746 Lincoln NB 68542 General Education Class | n hological Evaluation; Assessm (402)429-1050 | ent: Juvenile Who |

| 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 Outpatient - Individual; Juvenile Non-Residential S Treatment | 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-Resider | dult Non-Residential ual Residential (MH lon-Residential Serv r; Juvenile Non-Resi | Services Outpatient - /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 | |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Partial Ca Occurring Treatment; Adult Non-Residential Serv Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment (| | -Residential Service | s Outpatient - Co- | |
| 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatien 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 | ealth; Outpatient The h; Intensive Outpation | erapy - Youth Who ent: Intensive | |
| Other Services: | | | | | |
| Rivera, Elia | | 312 North Elm Street Suite 105 Grand Island NB 68801 | (308)383-2208 | | |
| | 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 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 - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | 5 | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outpa | atient Therapy - Individual-Mental Health; Outpatient Therapy includin | g Group Sessions-N | Mental | |

| Name | Agency | Address | Phone | Fax |
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| | Health; Outpatient Therapy - Co-occurring | | | |
| 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 | raluations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc e Assessment Services Substance Abuse Evaluations; Juvenile I amily; Juvenile Non-Residential Services Outpatient - Individual; al Services Intensive Outpatient Treatment | curring Treatment; Adult | Non-Residential Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | | Family Sessions- |
| 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 ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Si ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile adividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse Non-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Pre-Treatment Assessment (Medicaid) | atient Therapy including | Family Sessions- |
| 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 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 1; Juvenile Non-Residential Services Outpatient - Groups; Juveni tient - Individual | al; Adult Non-Residential Services Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
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| Name | Agency | Address | Phone | Fax |
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| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | ult Non-Residential S ices Intervention/Educ | ervices Outpatient - cation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatient ; Assessment: Co-Occurring | Therapy including Fa | amily Sessions- |

| Bear, Angela Substance Abuse Services: | Beacon of Hope Counseling Center LLC | | | |
|---|--|---|--|---|
| Substance Abuse Services: | Dealer of hope dealeding denter LLO | 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 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; Juvenile es Outpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment | | ·· · · · · · · | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| 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 - Individu 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; Juvenile es Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurrir (SE): Assessment: Co-Occurring | | |
| 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: | | valuations; Adult Non-Residential Services Outpatient - Family; A tient - Co-Occurring Treatment; Adult Non-Residential Services I | | |
| 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 | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy - Individual-Mental Health; Outpatient Therapy inc ental Health; Outpatient Therapy - Eating Disorder; Day Treatme | cluding Group Sessions-N nt Day Treatment-Menta | <i>I</i> lental Health; I Health; Assessment: |

| 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 Se Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outp rvices Outpatient - Co-Occurring Treatment; Juvenile Assess Education; Juvenile Non-Residential Services Care Monitoring ervices Outpatient - Family; Juvenile Non-Residential Service | atient - Family; Adult Non-Res ment Services Substance Abu g SA/MH; Juvenile Non-Reside | sidential Services use Evaluations; ential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; C rder | Dutpatient Therapy including F | amily Sessions- |
| Other Services. | Sliding Fee Scale; | | | |
| Hill, Jenee | Lotus Counseling LLC | 409 N Jeffers St North Platte NB 69101 | (308)532-5565 | (308)532-5575 |
| | 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 | vidual; Adult Non-Residential ntial Services Intervention/Edu | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; (rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tru | | |
| Juvenile Services: Other Services: | | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre | | |
| | Mental Health; Outpatient Therapy - Eating Disor | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre | | |
| Other Services: | Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE); Assessment: Co-Oc | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre curring | eatment Assessment (Medica | |
| Other Services: Jones, James | Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE); Assessment: Co-Oc Community Justice Center | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre curring | eatment Assessment (Medica | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE); Assessment: Co-Oc Community Justice Center Outpatient Therapy | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre curring PO Box 22746 Lincoln NB 68542 | eatment Assessment (Medica | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE); Assessment: Co-Oc Community Justice Center | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre curring PO Box 22746 Lincoln NB 68542 | eatment Assessment (Medica | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE); Assessment: Co-Oc Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre curring PO Box 22746 Lincoln NB 68542 | eatment Assessment (Medica | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE); Assessment: Co-Oc 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 | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre curring PO Box 22746 Lincoln NB 68542 General Education Class | eatment Assessment (Medica (402)429-1050 (402)370-3140 ation; Adult Non-Residential S vidual; Adult Non-Residential S nt Services Substance Abuse renile Non-Residential Service | id); Ássessment: Fervices Outpatient - Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE); Assessment: Co-Oc 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 | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre curring PO Box 22746 Lincoln NB 68542 General Education Class 4432 Sunrise Place Columbus NB 68601 /aluations; 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- | eatment Assessment (Medica (402)429-1050 (402)370-3140 ation; Adult Non-Residential S vidual; Adult Non-Residential S nt Services Substance Abuse renile Non-Residential Service | id); Ássessment: iervices Outpatient - Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: | Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE); Assessment: Co-Oc 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 - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre curring PO Box 22746 Lincoln NB 68542 General Education Class 4432 Sunrise Place Columbus NB 68601 /aluations; 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- | eatment Assessment (Medica (402)429-1050 (402)370-3140 ation; Adult Non-Residential S vidual; Adult Non-Residential S vidual; Adult Non-Residential S nt Services Substance Abuse renile Non-Residential Service Occurring Treatment; Juvenile | id); Ássessment: Fervices Outpatient - Services Outpatient - Evaluations; Juvenil es Outpatient - Family e Non-Residential |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| 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; Adul nsive Outpatient Treatment; Juvenile Assessment Services Substance nile Non-Residential Services Outpatient - Individual nt (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Youth Who | Outpatient Therapy including Group Sessions-Mental Health; Outpatie o Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ent Therapy including ient: Intensive Outpa | Family Sessions- tient Therapy-Yout |
| 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 Assessment Services Substance Abuse Evaluat | ions | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmer | nt (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | ation | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medi Assessment: Co-Occurring | icaid); Assessment: Mental Status Exam (MSE); Assessment: Juvenil | e Who Sexually Harn | n Risk Assessmen |
| Other Services: | - | | | |

Registered Service Providers for County: Keya Paha

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| 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; Action - 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; | | | |
| Brooks, Cristy | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)340-0022 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | outpatient Therapy - Individual-Mental Health; Outpatient Therapy inc | luding Family Session | ns-Mental Health |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Res | sidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Sliding Fee Scale; Bilingual Services; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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 Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | 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 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; essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C Treatment: General Education Class; Outpatient Therapy - Individua ient Therapy including Family Sessions-Mental Health; Outpatient The r Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | Family; Adult Non-Res ervices Intensive Outp ion; Juvenile Non-Res Dutpatient - Family; Ju Juvenile Non-Resider Occurring I-Mental Health; Outpater erapy - Co-occurring; | sidential Services patient Treatment; sidential Services venile Non- ntial Services atient Therapy Intensive Outpatient: |

Registered Service Providers for County: Keya Paha

| 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: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder; Outpa t Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | | | | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv | ation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| | | idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| | Adult Non-Residential Services Outpatient - Indiv Halfway-House | idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| Mental Health Services: | Adult Non-Residential Services Outpatient - Indiv Halfway-House | idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| Mental Health Services: Juvenile Services: | Adult Non-Residential Services Outpatient - Indiv Halfway-House | idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Adult Non-Residential Services Outpatient - Indiv Halfway-House 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; | idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea (bio-psychosocial); Co-Occurring | tment; Adult Resider (402)370-3140 ult Non-Residential S dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Services Outpatient - Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv Halfway-House 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 | idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea (bio-psychosocial); Co-Occurring 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 dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | tment; Adult Resider (402)370-3140 ult Non-Residential S dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient Services Outpatient Services Outpatient Evaluations; Juven es Outpatient - Fami |
| Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Non-Residential Services Outpatient - Indiv Halfway-House 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 Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy - Individual-Mental Health; Outpatient Therapy | idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea (bio-psychosocial); Co-Occurring 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 dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | tment; Adult Resider (402)370-3140 ult Non-Residential S Jult Non-Residential es Substance Abuse n-Residential Servica g Treatment; Juvenil | Antial Services Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil e Non-Residential |

Registered Service Providers for County: Keya Paha

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 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; , nt - Family; Adult Non-Residential Services Outpatient - Individual; | | | | |
| | | Dutpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy inclu ental Health; Outpatient Therapy - Eating Disorder; Outpatient The Co-Occurring | | | | |

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 | valuations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outpa rvices Outpatient - Co-Occurring Treatment; Adult Non-Reside ducation; Juvenile Non-Residential Services Care Monitoring ervices Outpatient - Family; Juvenile Non-Residential Services uvenile Non-Residential Services Intensive Outpatient Treatm | atient - Family; Adult Non-Resi ential Services Intensive Outpa SA/MH; Juvenile Non-Resider s Outpatient - Individual; Juver | dential Services atient Treatment; ntial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurrin | utpatient Therapy including Group Sessions-Mental Health; O g; Intensive Outpatient: Intensive Outpatient Therapy-Mental H | Outpatient Therapy including Fa Health; Intensive Outpatient: Ir | amily Sessions- itensive Outpatient |
| Other Services: | Sliding Fee Scale; | 5 | | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Intervention/Educa | tion; Adult Non-Residential Se | rvices Outpatient - |
| | | ent - Individual; Juvenile Assessment Services Substance Abu Services Outpatient - Groups; Juvenile Non-Residential Serv | | Residential Service |
| Mental Health Services: | | Services Outpatient - Groups; Juvenile Non-Residential Serv | | Residential Service |
| | Intervention/Education; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | Services Outpatient - Groups; Juvenile Non-Residential Serv (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O | vices Outpatient - Individual | |
| Juvenile Services: | Intervention/Education; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | Services Outpatient - Groups; Juvenile Non-Residential Serv (bio-psychosocial); Co-Occurring | vices Outpatient - Individual | |
| Juvenile Services: | Intervention/Education; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Therapy - Co-occurring; Assessment: Pre-Treatm | Services Outpatient - Groups; Juvenile Non-Residential Serv (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O | vices Outpatient - Individual | |
| Juvenile Services: Other Services: | Intervention/Education; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; | Services Outpatient - Groups; Juvenile Non-Residential Serv (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O nent Assessment (Medicaid); Assessment: Co-Occurring | vices Outpatient - Individual Outpatient Therapy - Eating Dis | |
| Juvenile Services: Other Services: Crouch, Samuel Substance Abuse Services: | Intervention/Education; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; | Services Outpatient - Groups; Juvenile Non-Residential Serv (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O nent Assessment (Medicaid); Assessment: Co-Occurring 29 S Beltline HWY W Scottsbluff NB 69361 | vices Outpatient - Individual Outpatient Therapy - Eating Dis | |
| Juvenile Services: Other Services: Crouch, Samuel Substance Abuse Services: Mental Health Services: | Intervention/Education; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Valley Youth Connections Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Intensive Family Preservation; C Outpatient Therapy including Family Sessions-M | Services Outpatient - Groups; Juvenile Non-Residential Serv (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O nent Assessment (Medicaid); Assessment: Co-Occurring 29 S Beltline HWY W Scottsbluff NB 69361 | vices Outpatient - Individual Outpatient Therapy - Eating Dis (308)225-0500 rapy including Group Sessions | order; Outpatient |
| Juvenile Services: Other Services: Crouch, Samuel Substance Abuse Services: Mental Health Services: Juvenile Services: | Intervention/Education; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Valley Youth Connections Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Intensive Family Preservation; C | Services Outpatient - Groups; Juvenile Non-Residential Serv (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O nent Assessment (Medicaid); Assessment: Co-Occurring 29 S Beltline HWY W Scottsbluff NB 69361 (bio-psychosocial) putpatient Therapy - Individual-Mental Health; Outpatient Ther | vices Outpatient - Individual Outpatient Therapy - Eating Dis (308)225-0500 rapy including Group Sessions | order; Outpatient |
| Juvenile Services: Other Services: Crouch, Samuel Substance Abuse Services: Mental Health Services: Juvenile Services: | Intervention/Education; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Valley Youth Connections Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Intensive Family Preservation; C Outpatient Therapy including Family Sessions-M Assessment (Medicaid) | Services Outpatient - Groups; Juvenile Non-Residential Serv (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O nent Assessment (Medicaid); Assessment: Co-Occurring 29 S Beltline HWY W Scottsbluff NB 69361 (bio-psychosocial) putpatient Therapy - Individual-Mental Health; Outpatient Ther | vices Outpatient - Individual Outpatient Therapy - Eating Dis (308)225-0500 rapy including Group Sessions | order; Outpatient |
| Juvenile Services: Other Services: Crouch, Samuel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Crouch, Samuel | Intervention/Education; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Valley Youth Connections Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Intensive Family Preservation; C Outpatient Therapy including Family Sessions-M Assessment (Medicaid) Sliding Fee Scale; | Services Outpatient - Groups; Juvenile Non-Residential Serv (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O nent Assessment (Medicaid); Assessment: Co-Occurring 29 S Beltline HWY W Scottsbluff NB 69361 (bio-psychosocial) putpatient Therapy - Individual-Mental Health; Outpatient Thera ental Health; Intensive Outpatient: Intensive Outpatient Thera 921 W 36th st Scottsbluff NB 69361 valuations; Adult Non-Residential Services Outpatient - Individ | vices Outpatient - Individual Outpatient Therapy - Eating Dis (308)225-0500 rapy including Group Sessions Ipy-Mental Health; Assessmen (308)225-0500 | order; Outpatient -Mental Health; t: Pre-Treatment |
| Juvenile Services: Other Services: Crouch, Samuel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Crouch, Samuel Substance Abuse Services: | Intervention/Education; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Valley Youth Connections Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Intensive Family Preservation; C Outpatient Therapy including Family Sessions-M Assessment (Medicaid) Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev | Services Outpatient - Groups; Juvenile Non-Residential Serv (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O nent Assessment (Medicaid); Assessment: Co-Occurring 29 S Beltline HWY W Scottsbluff NB 69361 (bio-psychosocial) putpatient Therapy - Individual-Mental Health; Outpatient Ther ental Health; Intensive Outpatient: Intensive Outpatient Thera 921 W 36th st Scottsbluff NB 69361 valuations; Adult Non-Residential Services Outpatient - Individual | vices Outpatient - Individual Outpatient Therapy - Eating Dis (308)225-0500 rapy including Group Sessions Ipy-Mental Health; Assessmen (308)225-0500 | order; Outpatient -Mental Health; t: Pre-Treatment |
| Juvenile Services: Other Services: Crouch, Samuel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Crouch, Samuel Substance Abuse Services: Mental Health Services: Juvenile Services: | Intervention/Education; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Valley Youth Connections Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Intensive Family Preservation; C Outpatient Therapy including Family Sessions-M Assessment (Medicaid) Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy : Pre-Treatment Assessment Outpatient Therapy : Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | Services Outpatient - Groups; Juvenile Non-Residential Serv (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O nent Assessment (Medicaid); Assessment: Co-Occurring 29 S Beltline HWY W Scottsbluff NB 69361 (bio-psychosocial) putpatient Therapy - Individual-Mental Health; Outpatient Ther ental Health; Intensive Outpatient: Intensive Outpatient Thera 921 W 36th st Scottsbluff NB 69361 valuations; Adult Non-Residential Services Outpatient - Individual | vices Outpatient - Individual Dutpatient Therapy - Eating Dis (308)225-0500 rapy including Group Sessions ipy-Mental Health; Assessmen (308)225-0500 dual; Juvenile Assessment Ser | -Mental Health; t: Pre-Treatment |

| 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 Evaluation | ns | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | Pre-Treatment Assessment (Medicaid), Assessm | ent. Mental Status Exam (MSE), Assessment. Co-Occurring | | |
| 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 tient - Co-Occurring Treatment; Juvenile Assessment Services Subst enile 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- |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| 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; | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (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 reatment | | |
| 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: | Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Manag Outpatient Therapy including Group Sessions-Me | atment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm gement Class; Non-Treatment: General Education Class; Outpatient antal Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid | Therapy - Individual- ealth; Outpatient The | Mental Health; erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| | Address | Phone | Fax |
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| Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Intervences Services Intensive Outpatient Treatment | 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- ndividual; Juvenile Non-Residential Services Outpatient - Co- | vidual; Adult Non-Residential S Int Services Substance Abuse venile Non-Residential Services | Services Outpatient Evaluations; Juveni s Outpatient - Famil |
| | | Outpatient Therapy including F | amily Sessions- |
| | | | army ocosions |
| Sliding Fee Scale; | | | |
| | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | ive Outpatient Treatment; Juvenile Assessment Services Su le Non-Residential Services Outpatient - Individual | bstance Abuse Evaluations; Ju | uvenile Non- |
| Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment | Sexually Harm; Outpatient Therapy - Co-occurring; Intensive t Assessment (Medicaid); Assessment: Mental Status Exam | Outpatient: Intensive Outpatie | ent Therapy-Youth |
| | Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatient Is Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who Substance Abuse Events Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatment | Serenity Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Educe Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Indi Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessmen Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) Sliding Fee Scale; 1811 Avenue A Scottsbluff NB 69361 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Group Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Su Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatien | Serenity 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 Substance Abuse Evaluation; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including F Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) 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 - Per-Treatment Assessment (bio-psychosocial) Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) (417)413-0085 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Ju |

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|---|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| | 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 Servic | I; Adult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| | 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 | sessment Services Substance Abuse Evaluations; Adult Non-Res SA/MH; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc esidential Services Dual Residential (MH/SA); Adult Residential Sons; Juvenile Non-Residential Services Intervention/Education; Juvices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile (bio-psychosocial); Co-Occurring | It Non-Residential Servic curring Treatment; Adult Services Short Term Res uvenile Non-Residential tpatient - Family; Juvenil | ces Outpatient - Non-Residential idential; Juvenile Services Care e Non-Residential |
| | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy inc ental Health; Outpatient Therapy - Eating Disorder; Outpatient Th nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Ass | erapy - Co-occurring; Int | ensive 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 | 1 | I; Juvenile Assessment | Services Substance |
| Montal Health Sanijaaa | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | | (oro-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpa | | |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Address | FIIOIle | Γάλ |
| 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien by-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessme by Harm Risk Assessment | | |
| Other Services: | | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| 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: | Jennifer S. DeWalt | 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: | | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: Mental Health Services: | | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Mental Health Services: Juvenile Services: | | 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 | Outpatient Therapy Grace Counseling Services, LLC. Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | P.O. Box 281 Wayne NB 68787 aluations; Adult Non-Residential Services Intervention/Education; Adu 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 | (402)518-0490 ult Non-Residential S dult Non-Residential 3 vices Intervention/Edu | Services Outpatient - ucation; Juvenile |
| 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 | P.O. Box 281 Wayne NB 68787 aluations; Adult Non-Residential Services Intervention/Education; Adu int - Family; Adult Non-Residential Services Outpatient - Individual; Ad iervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R | (402)518-0490 ult Non-Residential S dult Non-Residential 3 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 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 - Individual-Mental Health; Outpatient Therapy - Eating Disor | P.O. Box 281 Wayne NB 68787 aluations; Adult Non-Residential Services Intervention/Education; Adu int - Family; Adult Non-Residential Services Outpatient - Individual; Ad iervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R | (402)518-0490 ult Non-Residential S dult Non-Residential i vices Intervention/Edu esidential Services C nt Therapy including F ve Outpatient Therapy | Services Outpatient ucation; Juvenile outpatient - Individua Family Sessions- y-Mental Health; |

| 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 Ev | aluations; Juvenile Assessment Services Substance Abuse Eval | uations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Therapy - Co-occurring; Assessment: Pre-Treatment Assessme | | |
| Other Services: | | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 6988 | 7 (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-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatiel rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia Evaluations; Juvenile Non-Residential Services Intervention/Edu al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment | nt - Family; Adult Non-Resi al Services Intensive Outp ucation; Juvenile Non-Resi es Outpatient - Family; Juv ent; Juvenile Non-Residen | idential Services atient Treatment; dential Services venile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Indivi ient Therapy including Family Sessions-Mental Health; Outpatien r Treatment Day Treatment-Mental Health; Assessment: Pre-Treat | t Therapy - Co-occurring; I | ntensive Outpatie |
| 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; Juve Juvenile Non-Residential Services Outpatient - C | | al; Adult Non-Residential S ice Abuse Evaluations; Juv | ervices Intensive enile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurrir | | |
| Other Services: | Sliding Fee Scale; | | | |

| 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 | | |
| | 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: | | | | |
| 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; | | | |
| Kallhoff, Paige | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | outpatient Therapy including Family Sessions-Mental Health | | |
| 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; 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 (bio-psychosocial); Co-Occurring | dult Non-Residentia ces Substance Abus on-Residential Servic | l Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy inc | Non-Treatment: Anger Management Class; Non-Treatment: General E luding Group Sessions-Mental Health; Outpatient Therapy including I ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Inten aid); Assessment: Co-Occurring | Family Sessions-Me | ntal Health; Outpatient |
| Other Services: | | - | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - E- ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier | ating Disorder; Outp | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Therapy-Youth Who Sexually Harm; Assessment (Relative/Kinship) | t: Pre-Treatment Assessment (Medicaid); Assessment: Mental | Status Exam (MSE); Out-C | Df-Home: Foster Care |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Non-Treatment: Intensive Family Preservation; N | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) Ion-Treatment: Anger Management Class; Outpatient Therapy ient Therapy - Eating Disorder; Assessment: Pre-Treatment As | - Individual-Mental Health; | Outpatient Therapy |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | eatment: Tracker (Except Douglas County); Non-Treatment: Int rrting; Non-Treatment: Evening Reporting; Non-Treatment: Ang -Mental Health; Outpatient Therapy including Group Sessions- apy - Eating Disorder; Community Treatment Aide; Intensive O t- Eating Disorder; Intensive Outpatient: Intensive Outpatient T Mental Status Exam (MSE); Contracted Services: Tracker; Co | ger Management Class; No Mental Health; Outpatient T utpatient: Intensive Outpati herapy-Co-occurring; Asse | n-Treatment: Genera Therapy including ent Therapy-Mental ssment: Pre- |
| Other Services: | Bilingual Services; | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | | cation; Adult Non-Residential Services Outpatient - Groups; Ad idual; Adult Non-Residential Services Outpatient - Co-Occurrir (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: Juvenile Services: Other Services: | Non-Treatment: Intensive Family Preservation; C | Outpatient Therapy - Individual-Mental Health; Outpatient Thera ental Health; Outpatient Therapy - Eating Disorder | py including Group Session | ns-Mental Health; |

| 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; 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-Res dult Non-Residential Services Outpatient - Individual; Adult Non-Re sive Outpatient Treatment; Adult Residential Services Short Term F sidential Services Outpatient - Groups; Juvenile Non-Residential Se enile Non-Residential Services Outpatient - Co-Occurring Treatmer | sidential Services Outp Residential; Juvenile A ervices Outpatient - Fa | atient - Co-Occurring ssessment Services mily; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring ISE); Assessment: Psychological Evaluation; Assessment: Co-Occ | Assessment: Pre-Tre | |
| | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential Son-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 I ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur (bio-psychosocial) | vices Substance Abus Non-Residential Servic | e Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Assessment: Pre-Treatment Assessment (Medicaid) | ient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Individual | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual; rvices Intervention/Education; Juvenile Non-Residential Services O | Juvenile Assessment | Services Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| | Non-Treatment: Family Support Worker; Assessi | ment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |
| 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 | 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 I ndividual; Juvenile Non-Residential | Adult Non-Residential vices Substance Abus | Services Outpatient - e Evaluations; Juvenile |

| Name | Agency | Address | Phone | Fax |
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| | Services Outpatient - Co-Occurring Treatment; Ju | uvenile Non-Residential Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| 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 - so Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Juvenile Assessment So 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-Residentia | sidential Services use Evaluations; al Services Outpatie |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmeter | ent Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Outpatient Th Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | - | | |

| Name | Δαορογ | Address | Phone | Fax |
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| Name | Agency | Address | Filone | Γαλ |
| Alexis, Geraldine | Charles Drew Health Center | 2916 Grant Street Omaha NB 68111 | (402)810-9760 | |
| | 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; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - vices 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-Resi ervices Substance Abu H; Juvenile Non-Reside | dential Services se Evaluations; ntial Services |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Community Treatment Aide; Assessment: Pre-Treatment Assess | | |
| Other Services: | Sliding Fee Scale; | | | |
| Alexis, Geraldine | Charles Drew Health Center | 2916 Grant Street Omaha NB 68111 | (402)810-9760 | |
| Cubitance Abuse Cervices. | 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 Care Monitoring SA/MI ervices Outpatient - Family; Juvenile Non-Residential Services Outp | Family; Adult Non-Resi ervices Substance Abu H; Juvenile Non-Reside | dential Services se Evaluations; ntial Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ;; Community Treatment Aide; Assessment: Pre-Treatment Assessr | | |
| Other Services: | Sliding Fee Scale; | | | |
| Alfrey, Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | rring Treatment | ces Outpatient - |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre ment: Juvenile Who Sexually Harm Risk Assessment; Assessment | ent Therapy including Fa e-Treatment Assessmer | |
| Other Services: | | | | |
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adu it - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | ces Outpatient - |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpaties Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre | ent Therapy including Fa | amily Sessions- |

| Name | Agency | Address | Phone | Fax |
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| | Assessment (Medicaid); Assessment: Mental Sta | atus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk / | Assessment; Assessm | nent: Co-Occurring |
| Other Services: | | | | |
| 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 Ex | valuations; Adult Residential Services Extended Residential; Adult F | Residential 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 Ex | valuations; Adult Residential Services Extended Residential; Adult F | Residential 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 | 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 I ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur (bio-psychosocial); Co-Occurring | Adult Non-Residentia vices Substance Abus Non-Residential Servio | l Services Outpatient e Evaluations; Juvenil ces Outpatient - Family |
| | Non-Treatment: Anger Management Class; Non- Sessions-Mental Health; Outpatient Therapy incl Intensive Outpatient: Intensive Outpatient Therap | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Heal uding Family Sessions-Mental Health; Outpatient Therapy - Eating by-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | Disorder; Outpatient 1 | herapy - Co-occurring |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; ont - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur (bio-psychosocial); Co-Occurring | Adult Non-Residentia vices Substance Abus Non-Residential Servio | l Services Outpatient e Evaluations; Juvenil ces Outpatient - Family |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Sessions-Mental Health; Outpatient Therapy inclu Intensive Outpatient: Intensive Outpatient Therap | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Heal uding Family Sessions-Mental Health; Outpatient Therapy - Eating by-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | Disorder; Outpatient Th | erapy - Co-occurring |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Atwater, Ki-raka | Released and Restored | PO Box 22962 Lincoln NB 68542 | (402)806-0565 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Atwater, Ki-raka | Released and Restored | PO Box 22962 Lincoln NB 68542 | (402)806-0565 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| | | | | |
| Bailey, Frank | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | (402)504-3882 |
| | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res | raluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Intensive Outpatient idential Services Outpatient - Groups; Juvenile Non-Residential Se | Adult Non-Residential S | ervices Outpatient - ssessment Services |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring; Adults who Se | raluations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Intensive Outpatient sidential Services Outpatient - Groups; Juvenile Non-Residential Se ent exually Harm Evaluation | Adult Non-Residential S Treatment; Juvenile As prvices Outpatient - Indir | ervices Outpatient - ssessment Services vidual; Juvenile Non- |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring; Adults who Se Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | raluations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Intensive Outpatient sidential Services Outpatient - Groups; Juvenile Non-Residential Se ent exually Harm Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health | Adult Non-Residential S Treatment; Juvenile As rvices Outpatient - Indivi ient Therapy including F | ervices Outpatient - ssessment Services vidual; Juvenile Non- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring; Adults who Se Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | raluations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Intensive Outpatient sidential Services Outpatient - Groups; Juvenile Non-Residential Se ent exually Harm Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpati | Adult Non-Residential S Treatment; Juvenile As rvices Outpatient - Indivi ient Therapy including F | ervices Outpatient - ssessment Services vidual; Juvenile Non- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring; Adults who Se Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatment | raluations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Intensive Outpatient sidential Services Outpatient - Groups; Juvenile Non-Residential Se ent exually Harm Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health | Adult Non-Residential S Treatment; Juvenile As rvices Outpatient - Indivi ient Therapy including F | ervices Outpatient - ssessment Services vidual; Juvenile Non- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Bailey, Frank | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring; Adults who Se Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatme Sliding Fee Scale; Bailey Counseling Services Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; / int - Individual; Adult Non-Residential Services Intensive Outpatient idential Services Outpatient - Groups; Juvenile Non-Residential Se- ent exually Harm Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Co-Occurring 1941 South 42nd Street Suite 538 Omaha NB 68105 raluations; Adult Non-Residential Services Intervention/Education; / int - Individual; Adult Non-Residential Services Intensive Outpatient idential Services Outpatient - Groups; Juvenile Non-Residential Services | Adult Non-Residential S Treatment; Juvenile As ervices Outpatient - Indivi- ient Therapy including F intensive Outpatient: (402)504-3242 Adult Non-Residential S Treatment; Juvenile As | ervices Outpatient - ssessment Services vidual; Juvenile Non- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Bailey, Frank Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring; Adults who Se Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatme Sliding Fee Scale; Bailey Counseling Services Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring; Adults who Se | raluations; Adult Non-Residential Services Intervention/Education; A int - Individual; Adult Non-Residential Services Intensive Outpatient idential Services Outpatient - Groups; Juvenile Non-Residential Services ent exually Harm Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Co-Occurring 1941 South 42nd Street Suite 538 Omaha NB 68105 raluations; Adult Non-Residential Services Intervention/Education; A int - Individual; Adult Non-Residential Services Intervention/Education; A idential Services Outpatient - Groups; Juvenile Non-Residential Services ent exually Harm Evaluation | Adult Non-Residential S Treatment; Juvenile As ervices Outpatient - Indivi- tient Therapy including F a; Intensive Outpatient: (402)504-3242 Adult Non-Residential S Treatment; Juvenile As ervices Outpatient - Indivi | ervices Outpatient - ssessment Services vidual; Juvenile Non- Family Sessions- Intensive Outpatient (402)504-3882 ervices Outpatient - ssessment Services vidual; Juvenile Non- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Bailey, Frank Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Resi Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring; Adults who Se Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatme Sliding Fee Scale; Bailey Counseling Services Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Resi Residential Services Intensive Outpatient Treatm Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Adults who Se Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Adults who Se | aluations; Adult Non-Residential Services Intervention/Education; / int - Individual; Adult Non-Residential Services Intensive Outpatient idential Services Outpatient - Groups; Juvenile Non-Residential Se- ent exually Harm Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Co-Occurring 1941 South 42nd Street Suite 538 Omaha NB 68105 raluations; Adult Non-Residential Services Intervention/Education; / int - Individual; Adult Non-Residential Services Intensive Outpatient idential Services Outpatient - Groups; Juvenile Non-Residential Services ient | Adult Non-Residential S Treatment; Juvenile As rvices Outpatient - Indivi- ient Therapy including F (402)504-3242 Adult Non-Residential S Treatment; Juvenile As prvices Outpatient - Indivi- ient Therapy including F | ervices Outpatient - ssessment Services vidual; Juvenile Non- amily Sessions- intensive Outpatient (402)504-3882 ervices Outpatient - ssessment Services vidual; Juvenile Non- |

| 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 | (402)817-4894 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Dutpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; uvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Care Monitoring SA/MH; 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; 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: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess SE); Assessment: Co-Occurring | y - Co-occurring; Inte | ensive Outpatient: | |
| Other Services: | Sliding Fee Scale; | <i>"</i> | | | |
| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (402)817-4894 | |
| 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; Adu 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 | amily; Adult Non-Res rvices Intensive Out on; Juvenile Non-Res | sidential Services patient Treatment; sidential Services | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| | Outpatient Therapy including Family Sessions-Me Intensive Outpatient Therapy-Mental Health; Inter (Medicaid); Assessment: Mental Status Exam (M | atient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess SE); Assessment: Co-Occurring | y - Co-occurring; Inte | ensive Outpatient: | |
| Other Services: | Sliding Fee Scale; | | | | |
| Barrow, Denise | Jenda Family Services, LLC | 914 L Street Lincoln NB 68508 | (402)474-0011 | | |
| Substance Abuse Services: | | | | | |
| | Outpatient Therapy; Co-Occurring | | | | |
| | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy including Group Sessions-Mental Health | | | |
| Other Services: | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Barrow, Denise | Jenda Family Services, LLC | 914 L Street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C | Outpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |
| Becker, Michael | Lancaster County Adult Drug Court | 605 S 10th Street Lincoln NB 68508 | (402)441-7616 | (402)759-3803 |
| | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| 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: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Becker, Michael | Lancaster County Adult Drug Court | 605 S 10th Street Lincoln NB 68508 | (402)441-7616 | (402)759-3803 |
| Substance Abuse Services: | | valuations; 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); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| 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: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| 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 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 No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | | ment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | Intensive Outpatient | |
| Other Services: | Sliding Fee Scale; | | | |
| 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; 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; Juvenile es Outpatient - Family |
| Mental Health Services: | | ment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | Intensive Outpatient | |
| 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 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 ces Substance Abus on-Residential Servic ng Treatment; Juveni | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family le Non-Residential |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| 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 dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residentia es Substance Abus n-Residential Servic | l Services Outpatient - e Evaluations; Juvenile ces Outpatient - Family; |
| | Assessment (bio-psychosocial); Co-Occurring | agement; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-O | 0 | |
| | Assessment (Medicaid); Assessment: Mental Sta Sliding Fee Scale; | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE) | Co-occurring, Asses | ssment. Pre-freatment |
| 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 (| | Manual Harable Ord | |
| | including Group Sessions-Mental Health; Outpatie Therapy - Co-occurring; Assessment: Pre-Treatm | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The ient Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | including Group Sessions-Mental Health; Outpatie Therapy - Co-occurring; Assessment: Pre-Treatm | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The ient Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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 | 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 | on-Residential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---------------------|------------------------|
| 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 | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re Occurring Treatment; Juvenile Non-Residential Services Outpatient - C rvices Outpatient - Individual; Juvenile Non-Residential Services Outp | Groups; Juvenile No | n-Residential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tro | | |
| Other Services: | | | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| 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: | | 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: | | | | |
| 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: | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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; tient - Co-Occurring Treatment; Adult Non-Residential Services Int | | |
| Mental Health Services: Juvenile Services: Other Services: | | (bio-psychosocial); Co-Occurring | | |
| 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; tient - Co-Occurring Treatment; Adult Non-Residential Services Int | | |
| 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 |
| 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 | bstance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | tment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | 0 | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Ass | essment (Medicaid); A | ssessment: Co- |
| 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 Outpa | 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; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | tment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Ass | essment (Medicaid); A | ssessment: Co- |
| Other Services: | - | | | |

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| Name | Agency | Address | Phone | Fax |
| 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; Adutpatient - Groups; Adult Non-Residential Services Outpatient - Family - Individual; Adult Non-Residential Services Intensive Outpatient Treated | ; Adult Non-Residential | |
| 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; Adutpatient - Groups; Adult Non-Residential Services Outpatient - Family - Individual; Adult Non-Residential Services Intensive Outpatient Treated | ; Adult Non-Residential | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brundege, Lindsay | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu | ult Non-Residential Ser | vices Care |
| Mental Health Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | (| | |
| Other Services: | Sliding Fee Scale; | | | |
| Brundege, Lindsay | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | |
| | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient Therapy; Pre-Treatment Assessment | | ult Non-Residential Ser | vices Care |
| | Olidian Fac Cooler | | | |
| Other Services. | Sliding Fee Scale; | | | |
| Burkstrand-Reid, Beth | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| | Adult Non-Residential Services Intervention/Educ Individual; Adult Non-Residential Services Outpation Outpatient Therapy; Pre-Treatment Assessment | | n-Residential Services (| Dutpatient - |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Burkstrand-Reid, Beth | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| | Adult Non-Residential Services Intervention/Edu Individual; Adult Non-Residential Services Outpa Outpatient Therapy; Pre-Treatment Assessment | | ups; Adult Non-Residential Services | Outpatient - |
| Butcher, Lindsey | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Hearing Impaired; Bilingual Services; | | | |
| Butcher, Lindsey | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Hearing Impaired; Bilingual Services; | | | |
| Canning, Elizabeth | 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 Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/ ent - Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenile Asse ; Juvenile Non-Residential Services Outpatient - Group ndividual; Juvenile Non-Residential Services Outpatient | - Individual; Adult Non-Residential Se essment Services Substance Abuse E s; Juvenile Non-Residential Services | ervices Outpatient - valuations; Juvenil Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental He | alth; Outpatient Therapy including Fa | mily Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurrin (Medicaid); Assessment: Co-Occurring | g; Intensive Outpatient: Intensive Outpatient Therapy-M | lental Health; Assessment: Pre-Treat | ment Assessment |
| Canning, Elizabeth | 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 Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/ ent - Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenile Asse ; Juvenile Non-Residential Services Outpatient - Group ndividual; Juvenile Non-Residential Services Outpatient | - Individual; Adult Non-Residential Se essment Services Substance Abuse E s; Juvenile Non-Residential Services | ervices Outpatient - valuations; Juvenil Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpat ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healtl | | |
| 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 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: Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oo | ccurring | |
| 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 | 6 | Adult Non-Residential | Services Outpatient - lucation; Juvenile |
| | | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Od | curring | |
| Other Services: | | | Journing | |
| 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 S | | | |
| | | tment Assessment (bio-psychosocial); Co-Occurring | iont Thorony including | Family Sassiana |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpat ssment (Medicaid); Assessment: Mental Status Exam (MSE) | tient Therapy Including | Family Sessions- |
| 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 S | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment Itment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpat ssment (Medicaid); Assessment: Mental Status Exam (MSE) | ient Therapy including | Family Sessions- |

| Name | Agonov | Address | Phone | Fax |
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| Name | Agency | Audress | Flione | Гах |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Carrell, Hanna | 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | Family Sessions- |
| Carrell, Hanna | 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 13 | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | Family Sessions- |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; Adu nt - 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-Occurring advisional; Juvenile Non-Residential Services - Co-Occurring Advisional; Juvenile | Adult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juver es Outpatient - Fam |
| | | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; / | | |

| Adult Non-Residential Services Outpat rring Treatment; Adult Non-Residentia idential Services Intervention/Educatio Non-Residential Services Outpatient - Intensive Outpatient Treatment nt Therapy; Pre-Treatment Assessmer | 11515 S39th St Suite 300 Bellevue NB 68123 Evaluations; Adult Non-Residential Services Intervention/Education; tient - Family; Adult Non-Residential Services Outpatient - Individua I Services Intensive Outpatient Treatment; Juvenile Assessment Se on; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occu | I; Adult Non-Residential ervices Substance Abuse Non-Residential Service | Services Outpatient - |
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| sessment Services Substance Abuse E Adult Non-Residential Services Outpat rring Treatment; Adult Non-Residentia idential Services Intervention/Educatio Non-Residential Services Outpatient - Intensive Outpatient Treatment nt Therapy; Pre-Treatment Assessmer | Evaluations; Adult Non-Residential Services Intervention/Education; tient - Family; Adult Non-Residential Services Outpatient - Individua Il Services Intensive Outpatient Treatment; Juvenile Assessment Se on; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occu | ; Adult Non-Residential S II; Adult Non-Residential ervices Substance Abuse Non-Residential Service | Services Outpatient - Services Outpatient - |
| Adult Non-Residential Services Outpat rring Treatment; Adult Non-Residentia idential Services Intervention/Educatio Non-Residential Services Outpatient - Intensive Outpatient Treatment nt Therapy; Pre-Treatment Assessmer | tient - Family; Adult Non-Residential Services Outpatient - Individua Il Services Intensive Outpatient Treatment; Juvenile Assessment Se on; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occu | I; Adult Non-Residential ervices Substance Abuse Non-Residential Service | Services Outpatient - |
| | | G | es Outpatient - Family |
| nt i nerady - individual-iviental Health: | | tient Therem in clustices (| |
| | Outpatient Therapy including Group Sessions-Mental Health; Outpatieng; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | | |
| ee Scale; Bilingual Services; | | | |
| nity Justice Center | 214 N. 14th Street, Ste. 314 Lincoln NB 68508 | (402)277-8111 | |
| | | | |
| nt Therapy | | | |
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| | | | |
| nity Justice Center | 214 N. 14th Street, Ste. 314 Lincoln NB 68508 | (402)277-8111 | |
| | | | |
| nt Therapy | | | |
| | | | |
| | | | |
| Change Family Therapy Center LL | .C 245 S 84th St, Suite L101 Lincoln NB 68510 | (402)310-7867 | (833)587-9383 |
| Adult Non-Residential Services Outpat rring Treatment; Juvenile Assessment idential Services Outpatient - Groups; Non-Residential Services Outpatient - nt Therapy; Pre-Treatment Assessmer | Juvenile Non-Residential Services Outpatient - Family; Juvenile No Co-Occurring Treatment nt (bio-psychosocial); Co-Occurring Outpatient Therapy including Group Sessions-Mental Health; Outpatient | I; Adult Non-Residential Services Intervention/Ed on-Residential Services C atient Therapy including | Services Outpatient - lucation; Juvenile Dutpatient - Individual; |
| r i | ring Treatment; Juvenile Assessment dential Services Outpatient - Groups; Non-Residential Services Outpatient - It Therapy; Pre-Treatment Assessment t Therapy - Individual-Mental Health; | ring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential dential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile No Non-Residential Services Outpatient - Co-Occurring Treatment It Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring It Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpat | ring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Ed dential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services O Non-Residential Services Outpatient - Co-Occurring 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 |
|---------------------------|--|--|----------------------|---|
| 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 Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential | Services Outpatient lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | | , Assessment. The freatment Assessment (medicald), Assessment. | CO-Occurring | |
| 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: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| 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: | | 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 | | | |
| Juvenile Services: | - , | | | |
| Other Services: | 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 | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid); Assessment: Psychological Evaluation | t Therapy including | Family Sessions- |
| | | | | |

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 |
|---------------------------|--|--|---|------------------|
| 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 Assessm | nent (bio-psychosocial); Psychological Evaluation | | |
| | Mental Health; Assessment: Pre-Treatment | h; Outpatient Therapy including Group Sessions-Mental Hea Assessment (Medicaid); Assessment: Psychological Evaluati | | Family Sessions- |
| Other Services: | | | | |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | Adult Assessment Services Substance Abus Residential; Adult Residential Services Short | e Evaluations; Adult Residential Services Dual Residential (N t Term Residential | /IH/SA); Adult Residential Service | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocia | al); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | | e Evaluations; Adult Residential Services Dual Residential (N | <pre>//H/SA); Adult Residential Service</pre> | es Extended |
| Mental Health Services: | Residential; Adult Residential Services Short Pre-Treatment Assessment (bio-psychosocia | | | |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |
| Clark, Stephanie | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)707-9050 | |
| Substance Abuse Services: | • | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Clark, Stephanie | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)707-9050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|--|---|--|------------------------|-------------------|
| Cochran, Cheri | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | | aluations; Adult Non-Residential Services Intervention/Education | | |
| Other Services: | No Voucher Acceptance; | | | |
| Cochran, Cheri | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Mental Health Services: Juvenile Services: | Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education | | |
| Conroy , Pamela | CenterPointe | 2220 S 10th Lincoln NB 68502 | (402)475-8748 | (402)475-6728 |
| | Residential; Juvenile Residential Services Extend Pre-Treatment Assessment (bio-psychosocial); C | raluations; Adult Residential Services Dual Residential (MH/SA); Adu ded Residential or SA Residential Treatment Center co-Occurring | | |
| Conroy , Pamela | CenterPointe | 2220 S 10th Lincoln NB 68502 | (402)475-8748 | (402)475-6728 |
| | Residential; Juvenile Residential Services Extend Pre-Treatment Assessment (bio-psychosocial); C | raluations; Adult Residential Services Dual Residential (MH/SA); Adu ded Residential or SA Residential Treatment Center co-Occurring | It Residential Service | es Extended |
| Consbruck, Valerie | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5496 | |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatier Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment | | venile Assessment S | ervices Substance |
| | Outpatient Therapy - Co-occurring; Assessment: Sliding Fee Scale; Hearing Impaired; Bilingual Se | | | |
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| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Address | Thome | Ταλ |
| Consbruck, Valerie | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5496 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatient | valuations; Adult Non-Residential Services Outpatient - Grou nt - Individual; Adult Residential Services Short Term Reside rvices Outpatient - Groups; Juvenile Non-Residential Service | ntial; Juvenile Assessment Se | ervices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Co-occurring; Assessment: | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual So | ervices; | | |
| Cornish, Audrey | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9793 | |
| | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenil Juvenile Non-Residential Services Outpatient - F Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Grou nt - Individual; Adult Non-Residential Services Outpatient - C le Assessment Services Substance Abuse Evaluations; Juve Family; Juvenile Non-Residential Services Outpatient - Co-Oc | o-Occurring Treatment; Adult nile Non-Residential Services ccurring Treatment; Juvenile N | Non-Residential Outpatient - Groups |
| | 1 132 | (bio-psychosocial); Co-Occurring; Adults who Sexually Harn | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | Outpatient Therapy including Group Sessions-Mental Health; g; Intensive Outpatient: Intensive Outpatient Therapy-Mental ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | | | | |
| Cornish, Audrey | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9793 | |
| | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenil Juvenile Non-Residential Services Outpatient - F Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Grou nt - Individual; Adult Non-Residential Services Outpatient - C le Assessment Services Substance Abuse Evaluations; Juve Family; Juvenile Non-Residential Services Outpatient - Co-Oc | o-Occurring Treatment; Adult nile Non-Residential Services ccurring Treatment; Juvenile N | Non-Residential Outpatient - Groups |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | Outpatient Therapy including Group Sessions-Mental Health; g; Intensive Outpatient: Intensive Outpatient Therapy-Mental ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | | en Assessment (wedicald), Assessment. Of Occurring | | |
| 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 - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; ISE): Assessment: Psychological Evaluation | Assessment: Pre-Treatment | Assessment |
| Other Services: | | ,, , | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|-----------------------|-----------------------|
| 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 - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Asses (SE); Assessment: Psychological Evaluation | sment: Pre-Treatment | Assessment |
| 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 - Individual; services 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 - Individual; 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 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | Services Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpa ient: Mental Status Exam (MSE); Assessment: Co-Occurring | ient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Cowan, Jayme | Jayme E Cowan LLC | 4316 S 48th St Suite 2 Lincoln NB 68516 | (402)890-7713 | (402)327-0404 |
| 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 | | 5 | |
| Juvenile Services: | 1 12 | utpatient Therapy including Family Sessions-Mental Health; Outpa ient: Mental Status Exam (MSE); Assessment: Co-Occurring | ient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | (,,g | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---------------------------|---|---------------|---------------|
| Craw, Amanda | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5268 | 1 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur esidential Services Short Term Residential | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Craw, Amanda | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5268 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Residential Services Short Term Residential | | |
| Mental Health Services: | · · · · · | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Damian, Kelli | Peoples City Mission | 110 Q St Lincoln NB 68501 | (402)475-1303 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Damian, Kelli | Peoples City Mission | 110 Q St Lincoln NB 68501 | (402)475-1303 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Danner, Jennifer | Peoples City Mission | 110 Q St Lincoln NB 68501 | (402)475-1303 | (402)475-7238 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|---------------------------------------|
| Danner, Jennifer | Peoples City Mission | 110 Q St Lincoln NB 68501 | (402)475-1303 | (402)475-7238 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | |
| Davis, Cristina | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Davis, Cristina | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| | Outpatient Therapy; Juvenile Pre-Treatment Ass psychosocial); Adults who Sexually Harm Evalua Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); ISE); Assessment: Psychological Evaluation; Assessment: Juvenile V | nt Therapy including Assessment: Outpa | Family Sessions- tient Psychiatric |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Juvenile Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass psychosocial); Adults who Sexually Harm Evalua Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); ISE); Assessment: Psychological Evaluation; Assessment: Juvenile V | nt Therapy including Assessment: Outpa | Family Sessions- tient Psychiatric |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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; Ad nt - Family; Adult Non-Residential Services Partial Care; Adult Non-R Dccurring Treatment; Adult Non-Residential Services Intensive Outpa | Residential Services Out | tpatient - İndividual; |
| Mental Health Services: | Outpatient Therapy | | | |
| 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; Ad nt - Family; Adult Non-Residential Services Partial Care; Adult Non-R Dccurring Treatment; Adult Non-Residential Services Intensive Outpa | Residential Services Out | tpatient - İndividual |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| | | | | |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Denney, Rachel | Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | 1640 L St Suite C Lincoln NB 68508 raluations; 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 | ult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services | ervices Outpatient - valuations; Juvenile |
| Denney, Rachel | 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 | 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 | ult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services | ervices Outpatient - valuations; Juvenile |
| Denney, Rachel Substance Abuse Services: Mental Health Services: | 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 | 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 | ult Non-Residential Ser dult Non-Residential Ser ces Substance Abuse E n-Residential Services g Treatment | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: | 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 | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ult Non-Residential Ser dult Non-Residential Ser ces Substance Abuse E n-Residential Services g Treatment | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: | 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 Outpatient Therapy - Individual-Mental Health; Outpatient | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ult Non-Residential Ser dult Non-Residential Ser ces Substance Abuse E n-Residential Services g Treatment | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Denney, Rachel | 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 Outpatient Therapy - Individual-Mental Health; Ou Sliding Fee Scale; Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatie | 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 utpatient Therapy including Family Sessions-Mental Health; Outpatient | ult Non-Residential Ser dult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services g Treatment nt Therapy - Co-occurri (402)730-6802 ult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services | ervices Outpatient - valuations; Juvenil Outpatient - Family ng vices Outpatient - ervices Outpatient - valuations; Juvenil |
| Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: | Parallels Adult Assessment Services Substance Abuse Evert Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual-Mental Services Intervention/Education; Juvenile 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 5 Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin utpatient Therapy including Family Sessions-Mental Health; Outpatien 1640 L St Suite C Lincoln NB 68508 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic 5 Juvenile Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential Ser dult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services g Treatment nt Therapy - Co-occurri (402)730-6802 ult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services | ervices Outpatient - valuations; Juvenil Outpatient - Family ng vices Outpatient - ervices Outpatient - valuations; Juvenil |
| Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: | Parallels Adult Assessment Services Substance Abuse Ex 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 - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - State Sliding Fee Scale; Parallels Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatient - In Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic 5 Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin utpatient Therapy including Family Sessions-Mental Health; Outpatien 1640 L St Suite C Lincoln NB 68508 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic 5 Juvenile Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential Ser dult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services g Treatment (402)730-6802 ult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services g Treatment | ervices Outpatient - valuations; Juvenil Outpatient - Family ng vices Outpatient - ervices Outpatient - valuations; Juvenil Outpatient - Family |

| Name | Agency | Address | Phone | Fax |
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| 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 | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Bilingual Services; | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| DeVries, Ingrid | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5875 | (402)481-5495 |
| | Adult Non-Residential Services Outpatient - Co-C Short Term Residential | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-R Decurring Treatment; Adult Non-Residential Services Intensive Outpa | | |
| | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Bilingual Services; | | | |
| Dexter, Loren | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)960-0073 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment | Non-Residential Se | rvices Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| | Sliding Fee Scale; | | | |
| Dexter, Loren | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)960-0073 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment | Non-Residential Se | rvices Outpatient - |
| Mental Health Services: Juvenile Services: | • | | | |
| | Sliding Fee Scale; | | | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| 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 Out | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | uding Family Sessio | ns- |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Mental Health; Outpatient Therapy - Co-occurring | ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Co-Occurring | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adut 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 | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | uding Family Sessio | ns-Mental Health; |
| Other Services: | Oupatient merapy - Co-occurring, Assessment. | rie neathent Assessment (Medicald), Assessment. Co-Occurring | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Mental Health Services: Juvenile Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Outpatient Therapy; Co-Occurring | aluations; Adult Non-Residential Services Intervention/Education; Aduss Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Ko-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Ko-Occurring Treatment; Adult - Ko-Occurring - Ko | amily; Adult Non-Re | sidential Services |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Aduss Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Ko-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Services Outpatient - Ko-Occurring Treatment; Adult Non-Residential Services Outpatient - Services | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 Partial Ca Treatment; Adult Residential Services Short Term Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Outpatient - Groups; Adult are; Adult Non-Residential Services Outpatient - Individual; Adult Non n Residential; Juvenile Assessment Services Substance Abuse Evalu ervices Outpatient - Family; Juvenile Non-Residential Services Outpate e Non-Residential Services Partial Care; Juvenile Residential Service | -Residential Service ations; Juvenile Nor ient - Individual; Juv | s Intensive Outpatier -Residential Services enile Non-Residentia |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |

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| Name | Agency | Address | Phone | Fax |
| Other Services: | 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 Partial Ca Treatment; Adult Residential Services Short Term Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Outpatient - Groups; Adult are; Adult Non-Residential Services Outpatient - Individual; Adult Non n Residential; Juvenile Assessment Services Substance Abuse Evalu ervices Outpatient - Family; Juvenile Non-Residential Services Outpat e Non-Residential Services Partial Care; Juvenile Residential Service | -Residential Services ations; Juvenile Non ient - Individual; Juv | s Intensive Outpatient -Residential Services enile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Dunham, Sarah | Bloom Counseling LLC | 315 S 9th Street Suite 122 Lincoln NB 68502 | (785)220-4371 | |
| | Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Ou | | esidential Services (t Therapy including | Dutpatient - Individual; |
| Dunham, Sarah | Bloom Counseling LLC | 315 S 9th Street Suite 122 Lincoln NB 68502 | (785)220-4371 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 5 | dult Non-Residential vices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| 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: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Eberle, Jeremy | Eberle Therapy Services PC | 630 N Cotner Blvd Suite 103 Lincoln NB 68505 | (402)440-5094 | |
| | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Outpatient Therapy; Pre-Treatment Assessment | | t Non-Residential Ser | vices Outpatient - |
| Other Services: | | | | |
| Eberle, Jeremy | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Pre-Treatment Assessment | | | |
| Eberle, Jeremy | Eberle Therapy Services PC | 630 N Cotner Blvd Suite 103 Lincoln NB 68505 | (402)440-5094 | |
| Mental Health Services: Juvenile Services: Other Services: | Individual; Adult Non-Residential Services Outpa Outpatient Therapy; Pre-Treatment Assessment | 5 | | |
| 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; A int - 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); Co-Occurring | Adult Non-Residentia ices Substance Abus Ion-Residential Servic | l Services Outpatient e Evaluations; Juvenil es Outpatient - Famil |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | | | | |
| Ellis, Tara | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (531)500-3791 | (402)474-0012 |
| 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 ont - 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 Servic | l Services Outpatient e Evaluations; Juvenil es Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
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| | Mental Health; Outpatient Therapy - Co-occurrin | Outpatient Therapy including Group Sessions-Mental Hig; Intensive Outpatient: Intensive Outpatient Therapy | Mental Health; Intensive Outpatient: Inte | |
| Other Services: | Therapy-Co-occurring; Assessment: Pre-Treatm | ent Assessment (Medicaid); Assessment: Co-Occurri | ng | |
| Exstrom, Erica | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juveni | valuations; Adult Non-Residential Services Outpatient ent - Individual; Adult Non-Residential Services Outpat le Assessment Services Substance Abuse Evaluation Family; Juvenile Non-Residential Services Outpatient tial Services Intensive Outpatient Treatment | ient - Co-Occurring Treatment; Adult No s; Juvenile Non-Residential Services Ou | n-Residential tpatient - Group |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; 0 | Dutpatient Therapy including Group Sessions-Mental | Health | |
| Other Services: | | | | |
| Exstrom, Erica | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juveni | valuations; Adult Non-Residential Services Outpatient ent - Individual; Adult Non-Residential Services Outpat le Assessment Services Substance Abuse Evaluation Family; Juvenile Non-Residential Services Outpatient tial Services Intensive Outpatient Treatment | ient - Co-Occurring Treatment; Adult No s; Juvenile Non-Residential Services Ou | n-Residential tpatient - Group |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; 0 | Dutpatient Therapy including Group Sessions-Mental | Health | |
| Other Services: | | | | |
| ⁻ aubel, Olivia | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)474-0011 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juveni | valuations; Adult Non-Residential Services Outpatient ent - Individual; Adult Non-Residential Services Outpat le Assessment Services Substance Abuse Evaluation Family; Juvenile Non-Residential Services Outpatient tial Services Intensive Outpatient Treatment | ient - Co-Occurring Treatment; Adult No s; Juvenile Non-Residential Services Ou | n-Residential tpatient - Group |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| luvenile Services | | Dutpatient Therapy including Group Sessions-Mental F | | |
| | Mental Health; Outpatient Therapy - Co-occurrin Therapy-Co-occurring; Assessment: Co-Occurri | ig; Intensive Outpatient: Intensive Outpatient Therapy- | Mental Health; Intensive Outpatient: Inte | ensive Outpatier |

| Name | Agency | Address | Phone | Fax |
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| 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; 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: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I g | | |
| 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 - |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr (bio-psychosocial); Co-Occurring | eatment | |
| 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 nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | cument | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Foxx, Karen | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Foxx, Karen | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| 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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| Frenzen, Jessica | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul t - Individual; Adult Non-Residential Services Outpatient - Co-Occur 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: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | Coouring | | | |
| Frenzen, Jessica | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| Mental Health Services: | Services Substance Abuse Evaluations; Juvenile | 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 | ential Services Outpa | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | | | | |
| Fry, Jennifer | | 7410 South 33 Street Lincoln NB 68516 | (402)975-2289 | (402)975-2287 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | Adult Non-Residential | l Services Outpatient ducation; Juvenile |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy includ ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient ho Sexually Harm Risk Assessment; Assessment: Co-Occurring | | |
| Fry, Jennifer | | 7410 South 33 Street Lincoln NB 68516 | (402)975-2289 | (402)975-2287 |
| 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-I a Occurring Tractment | Adult Non-Residential | l Services Outpatient - ducation; Juvenile |

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | / /bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpa ho Sexually Harm Risk Assessment; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Gieseke, Mary | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)435-2910 | (402)435-2949 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gieseke, Mary | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)435-2910 | (402)435-2949 |
| 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 | | | |
| 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | 0 | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Eva | luation; Psychological |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpati Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol | ent: Intensive Outpat Outpatient Therapy | tient Therapy-Mental -Co-occurring; |
| 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | 0 | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Eva | luation; Psychological |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Control of the second s | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | Family |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Therapy-Mental Health; Intensive Outpatient: Inte | buth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensions ansive Outpatient Therapy-Youth Who Sexually Harm; Intensive Outpatient Therapy-Youth Who Sexually Harm; Intensive Outpatient (Medicaid); Assessment: Mental Status Exam (MSE); Assessm | utpatient: Intensive Out | patient Therapy-Co- |
| Gilfillan, Dameon | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| 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 I dividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential vices Substance Abus Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | | | | |
| | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gilfillan, Dameon | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| 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 - 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 Abuse Non-Residential Service | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gilfillan, Jody | | 2109 S 24th St Lincoln NB 68502 | (402)601-4289 | (402)475-7541 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Intensive Outpatient | | Services Outpatient - |
| | | 2109 S 24th St Lincoln NB 68502 | (402)604 4280 | |
| Gilfillan, Jody | | 2109 5 24(11 5) LINCOLLING 06502 | (402)601-4289 | (402)475-7541 |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Goodman, Emily | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual | 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 | ring Treatment; Juvenile | Assessment |
| | Mental Health; Outpatient Therapy - Co-occurring | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; | | |
| Other Services: | Assessment: Co-Occurring Sliding Fee Scale; | | | |
| Goodman, Emily | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual | 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 | ring Treatment; Juvenile | Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; | | |
| 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; 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 Se ces Substance Abuse E on-Residential Services | ervices Outpatient - valuations; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | mily Sessions- |
| Other Services: | Sliding Fee Scale; | | <u> </u> | |
| 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; 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 Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential Seces Substance Abuse E on-Residential Services | ervices Outpatient - valuations; Juvenile |

| Name | Agency | Address | Phone | Fax |
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| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie); Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| 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 - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Assessn | nent: Psychological E | Evaluation |
| Other Services: | | | | |
| lardy, 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 - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Assessn | nent: Psychological E | Evaluation |
| 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 - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-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 - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Harmon, Lisa | Sober Houses of NE | 2030 Washington Street Lincoln NB 68516 | (402)327-9751 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Harmon, Lisa | Sober Houses of NE | 2030 Washington Street Lincoln NB 68516 | (402)327-9751 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hartmann, Shala | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Non-Residential Services Intervention/Education; Juvenile Non-Resi ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juvenile dential Services Outpat | Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | Outpatient Therapy including Family Sessions-Mental Health; Intensive | Outpatient: Intensive C | Outpatient Therapy |
| Other Services: | , | essment (Medicaid); Assessment: Mental Status Exam (MSE) | | |
| | | | | |
| Hartmann, Shala | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Non-Residential Services Intervention/Education; Juvenile Non-Resi ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juvenile dential Services Outpat | Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | Outpatient Therapy including Family Sessions-Mental Health; Intensive essment (Medicaid); Assessment: Mental Status Exam (MSE) | Outpatient: Intensive C | Outpatient Therapy |
| Other Services: | | | | |
| Harvey, Angie | Released and Restored | P O 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 |
| Harvey, Angie | Released and Restored | P O Box 22962 Lincoln NB 68542 | (402)806-0565 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Hay-Holen, Patricia | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (308)455-0145 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Hay-Holen, Patricia | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (308)455-0145 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Heath, Troy | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)937-4670 | |
| Mental Health Services: | Adult Non-Residential Services Outpatient - Indiv Family; Juvenile Non-Residential Services Outpatient Outpatient Therapy; Adults who Sexually Harm E | | le Non-Residential Ser | vices Outpatient - |
| Heath, Troy | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)937-4670 | |
| | Adult Non-Residential Services Outpatient - Indiv Family; Juvenile Non-Residential Services Outpatient | | | |
| | Outpatient Therapy; Adults who Sexually Harm E Outpatient Therapy - Individual-Mental Health; O Mental Health | valuation utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including Fa | mily Sessions- |

| 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 |
| 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; Ar ervices Substance Abuse Evaluations; Juvenile Non-Residential Sen uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring; Psycholog | cal Evaluation |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | rsychological Evaluation, Assessment. Co-Occu | ning | | |
| 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 | | dult Non-Residential vices Intervention/Ec esidential Services (| Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring; Psycholog | cal Evaluation |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Psychological Evaluation; Assessment: Co-Occu | rring | | |
| Hewitt, Mary | Choice*Change*Consequence, LLC | 3193 Sheridan Blvd Lincoln NB 68502-5232 | (402)217-7234 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Hewitt, Mary | Choice*Change*Consequence, LLC | 3193 Sheridan Blvd Lincoln NB 68502-5232 | (402)217-7234 | |
| Substance Abuse Services: Mental Health Services: | | | | |
| Juvenile Services: Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|----------------|
| 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-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juvenilential Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier y; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | mily Sessions- |
| Other Services: | | | | |
| Hill, Rhonda | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-4895 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including Fa | mily Sessions- |
| Other Services: | | | | |
| Hill, Rhonda | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-4895 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including Fa | mily Sessions- |
| Other Services: | | | | |
| 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-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juvenilential Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | mily Sessions- |
| Other Services: | · · · · · · · · · · · · · · · · · · · | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 t - Individual; Adult Non-Residential Services Outpatient - Co-C Non-Residential Services Intervention/Education; Juvenile Nor o-Occurring Treatment | Occurring Treatment; Juvenil | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Status Exam (MSE); Assessment: Co-Oct | utpatient Therapy including Family Sessions-Mental Health; Ou curring | tpatient Therapy - Co-occurr | ring; Assessment: |
| 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 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 A Conversion Terrotomet | Occurring Treatment; Juvenil | e Assessment |
| | Juvenile Non-Residential Services Outpatient - C | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Ou | tpatient Therapy - Co-occuri | ring; Assessment: |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Assessment | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Ou | tpatient Therapy - Co-occurr | ring; Assessment: |
| Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Assessment | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Ou | tpatient Therapy - Co-occurr (402)489-3802 | ring; Assessment: |
| Juvenile Services: Other Services: Hollingshead, Andria | Outpatient Therapy; Pre-Treatment Assessment outpatient Therapy - Individual-Mental Health; Or Mental Status Exam (MSE); Assessment: Co-Oct VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-Oct | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Ou curring 600 S 70th St Lincoln NB 68510 ups; Adult Non-Residential Services Outpatient - Family; Adult No Occurring Treatment; Adult Non-Residential Services Intensive 0 | (402)489-3802 Non-Residential Services Ou | tpatient - Individual |
| Juvenile Services: Other Services: Hollingshead, Andria Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Mental Status Exam (MSE); Assessment: Co-Occ VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Ou curring 600 S 70th St Lincoln NB 68510 ups; Adult Non-Residential Services Outpatient - Family; Adult No Occurring Treatment; Adult Non-Residential Services Intensive of rices Short Term Residential | (402)489-3802 Non-Residential Services Ou | tpatient - Individual |
| Juvenile Services: Other Services: Hollingshead, Andria Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy - Individual-Mental Health; Or Mental Status Exam (MSE); Assessment: Co-Oct VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Dual Residential (MH/SA); Adult Residential Services Outpatient - Co-O | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Ou curring 600 S 70th St Lincoln NB 68510 ups; Adult Non-Residential Services Outpatient - Family; Adult No Occurring Treatment; Adult Non-Residential Services Intensive of rices Short Term Residential | (402)489-3802 Non-Residential Services Ou | tpatient - Individual |
| Juvenile Services: Other Services: Hollingshead, Andria Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy - Individual-Mental Health; Or Mental Status Exam (MSE); Assessment: Co-Oct VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Dual Residential (MH/SA); Adult Residential Services Outpatient - Co-O | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Ou curring 600 S 70th St Lincoln NB 68510 ups; Adult Non-Residential Services Outpatient - Family; Adult No Occurring Treatment; Adult Non-Residential Services Intensive of rices Short Term Residential | (402)489-3802 Non-Residential Services Ou | tpatient - Individual |
| Juvenile Services: Other Services: Hollingshead, Andria Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy - Individual-Mental Health; Or Mental Status Exam (MSE); Assessment: Co-Oct VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Dual Residential (MH/SA); Adult Residential Services Outpatient - Co-O | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Ou curring 600 S 70th St Lincoln NB 68510 ups; Adult Non-Residential Services Outpatient - Family; Adult No Occurring Treatment; Adult Non-Residential Services Intensive of rices Short Term Residential | (402)489-3802 Non-Residential Services Ou | tpatient - Individua |
| Juvenile Services: Other Services: Hollingshead, Andria Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hollingshead, Andria | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Mental Status Exam (MSE); Assessment: Co-Oc 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 VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Grou | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Ou curring 600 S 70th St Lincoln NB 68510 rps; Adult Non-Residential Services Outpatient - Family; Adult No occurring Treatment; Adult Non-Residential Services Intensive of rices Short Term Residential (bio-psychosocial); Co-Occurring 600 S 70th St Lincoln NB 68510 rps; Adult Non-Residential Services Outpatient - Family; Adult No Doccurring Treatment; Adult Non-Residential Services Intensive of 100 S 70th St Lincoln NB 68510 100 S 70th St Lincoln NB 68510 | (402)489-3802 Non-Residential Services Ou Dutpatient Treatment; Adult (402)489-3802 Non-Residential Services Ou | tpatient - Individua Residential Service |
| Juvenile Services: Other Services: Hollingshead, Andria Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hollingshead, Andria Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Mental Status Exam (MSE); Assessment: Co-Oct 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 VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Ou curring 600 S 70th St Lincoln NB 68510 rps; Adult Non-Residential Services Outpatient - Family; Adult No- curring Treatment; Adult Non-Residential Services Intensive of rices Short Term Residential (bio-psychosocial); Co-Occurring 600 S 70th St Lincoln NB 68510 rps; Adult Non-Residential Services Outpatient - Family; Adult No- Decurring Treatment; Adult Non-Residential Services Intensive of rices Short St Lincoln NB 68510 | (402)489-3802 Non-Residential Services Ou Dutpatient Treatment; Adult (402)489-3802 Non-Residential Services Ou | tpatient - Individua Residential Service |
| Juvenile Services: Other Services: Hollingshead, Andria Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hollingshead, Andria Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Or Mental Status Exam (MSE); Assessment: Co-Oc 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 VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Grou | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Ou curring 600 S 70th St Lincoln NB 68510 rps; Adult Non-Residential Services Outpatient - Family; Adult No- curring Treatment; Adult Non-Residential Services Intensive of rices Short Term Residential (bio-psychosocial); Co-Occurring 600 S 70th St Lincoln NB 68510 rps; Adult Non-Residential Services Outpatient - Family; Adult No- Decurring Treatment; Adult Non-Residential Services Intensive of rices Short Term Residential Services Outpatient - Family; Adult No- Decurring Treatment; Adult Non-Residential Services Intensive of rices Short Term Residential Services Outpatient - Family; Adult No- Decurring Treatment; Adult Non-Residential Services Intensive of rices Short Term Residential | (402)489-3802 Non-Residential Services Ou Dutpatient Treatment; Adult (402)489-3802 Non-Residential Services Ou | tpatient - Individual Residential Service |

| Name | Agency | Address | Phone | Fax |
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| Nume | Agency | Add1000 | Thome | I UA |
| 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: Psychologic | al Evaluation; Assessm | ent: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| 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 | al Evaluation; Assessm | ent: Juvenile Who |
| 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: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Jobman, Christopher | Mind Matters Mental Health and Wellness | 700 R St Lincoln NB 68501 | (402)304-0748 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

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| Name | Agency | Address | Phone | Fax |
| Jobman, Christopher | Mind Matters Mental Health and Wellness | 700 R St Lincoln NB 68501 | (402)304-0748 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A (bio-psychosocial); Co-Occurring | | |
| 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 | | | |
| 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 | | | |
| Johnson, Janet | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad (bio-psychosocial); Co-Occurring | | |
| Johnson, Janet | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad (bio-psychosocial); Co-Occurring | | |

| 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 sidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- (bia payabagagial): Co Occurring | ing Treatment; Adult Residential Services tpatient - Family; Ju | t Non-Residential s venile Non-Residentia |
| | 1 137 | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| Suvernie Services. | Mental Health; Outpatient Therapy - Co-occurring | g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Out esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatient ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | Residential Services tpatient - Family; Jur n-Residential Service nt Therapy including ntensive Outpatient: | s venile Non-Residentia es Intensive Family Sessions- Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | , Assessment. Co-O | country |
| 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Mental Health | | | |
| 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 | | | |
| | Outpatient Therapy - Individual-Mental Health; On Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| 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: Juvenile Services: Other Services: | Outpatient Therapy | | |
| Karlsson, Ruth | Released and Restored | PO Box 22962 Lincoln NB 68542 | (402)806-0565 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | |
| 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 | | |
| 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 | | |
| Kelch, Tammy | | P.O. Box 264 Syracuse NB 68446 | (402)890-9957 |
| | Family; Adult Non-Residential Services Outpatie | | rring Treatment; Juvenile Assessment |

| Name | Agency | Address | Phone | Fax |
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| Kelch, Tammy | | P.O. Box 264 Syracuse NB 68446 | (402)890-9957 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education t - Individual; Adult Non-Residential Services Outpatient - Co-Contential Services Intervention/Education; Juvenile Nor o-Occurring Treatment | Occurring Treatment; Juver | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Knight, Debra | Debra Davidson Counseling and Mediation | 600 N Cotner Ste 106B Lincoln NB 68505 | (402)540-8650 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Educatio tient - Co-Occurring Treatment; Juvenile Assessment Services enile Non-Residential Services Outpatient - Individual; Juvenile | Substance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Knight, Debra | Debra Davidson Counseling and Mediation | 600 N Cotner Ste 106B Lincoln NB 68505 | (402)540-8650 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education itent - Co-Occurring Treatment; Juvenile Assessment Services anile Non-Residential Services Outpatient - Individual; Juvenile | Substance Abuse Evaluati | ons; Juvenile Non- |
| | Occurring Treatment | | | Jutpatient - Co- |
| Mental Health Services: | Occurring Treatment Outpatient Therapy: Co-Occurring | | | Jutpatient - Co- |
| | Occurring Treatment Outpatient Therapy; Co-Occurring | | | Jutpatient - Co- |
| Juvenile Services: | | | | Jutpatient - Co- |
| Juvenile Services: | Outpatient Therapy; Co-Occurring | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Juvenile Services: Other Services: Koch, Lori | Outpatient Therapy; Co-Occurring Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential Services Soutpatient | 5217 S 28th St Omaha NB 68107 aluations; Adult Non-Residential Services Care Monitoring SA/ nt - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Adult Residential Serv enile Assessment Services Substance Abuse Evaluations; Juve titent - Groups; Juvenile Non-Residential Services Outpatient - Services Outpatient - Co-Occurring Treatment; Juvenile Non-R | (402)715-5451 MH; Adult Non-Residential ual; Adult Non-Residential ices Dual Residential (MH/ enile Non-Residential Servi Family; Juvenile Non-Resid | (402)715-5452 Services Outpatient Services Outpatient SA); Adult ices Care Monitoring dential Services |
| Juvenile Services: Other Services: Koch, Lori Substance Abuse Services: | Outpatient Therapy; Co-Occurring Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential S Treatment | aluations; Adult Non-Residential Services Care Monitoring SA/ nt - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Adult Residential Serv enile Assessment Services Substance Abuse Evaluations; Juve tient - Groups; Juvenile Non-Residential Services Outpatient - Services Outpatient - Co-Occurring Treatment; Juvenile Non-R | (402)715-5451 MH; Adult Non-Residential ual; Adult Non-Residential ices Dual Residential (MH/ enile Non-Residential Servi Family; Juvenile Non-Resid | (402)715-5452 Services Outpatient Services Outpatient SA); Adult ices Care Monitoring dential Services |
| Juvenile Services: Other Services: Koch, Lori Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Co-Occurring Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential S Treatment Outpatient Therapy; Pre-Treatment Assessment (| aluations; Adult Non-Residential Services Care Monitoring SA/ nt - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Adult Residential Serv enile Assessment Services Substance Abuse Evaluations; Juve tient - Groups; Juvenile Non-Residential Services Outpatient - Services Outpatient - Co-Occurring Treatment; Juvenile Non-R | (402)715-5451 MH; Adult Non-Residential ual; Adult Non-Residential ices Dual Residential (MH/ enile Non-Residential Servi Family; Juvenile Non-Resid | (402)715-5452 Services Outpatient Services Outpatient SA); Adult ices Care Monitoring dential Services |

| 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 Outpatient - Individual; Juvenile Non-Residential Treatment | aluations; Adult Non-Residential Services Care Monitoring SA/MH; / ent - Family; Adult Non-Residential Services Outpatient - Individual; / Services Intensive Outpatient Treatment; Adult Residential Services renile Assessment Services Substance Abuse Evaluations; Juvenile atient - Groups; Juvenile Non-Residential Services Outpatient - Fami Services Outpatient - Co-Occurring Treatment; Juvenile Non-Reside | Adult Non-Residential Dual Residential (MH Non-Residential Serv ly; Juvenile Non-Res | Services Outpatient //SA); Adult vices Care Monitoring idential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | · · · · | | |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| 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: Mental Health Services: Juvenile Services: Other Services: | | aluations; 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: | | aluations; 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 Partial Ca Occurring Treatment; Adult Non-Residential Serv Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment | | n-Residential Service | s Outpatient - Co- |
| 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 Partial Ca | aluations; Adult Non-Residential Services Outpatient - Groups; Adul are; Adult Non-Residential Services Outpatient - Individual; Adult No rices Intensive Outpatient Treatment; Adult Residential Services Dua Services Short Term Residential | n-Residential Service | s Outpatient - Co- |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Servio | Ces: | | | - |
| Other Servic | ces: 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 Servio | ces: | | | |
| Mental Health Servio | ces: Outpatient Therapy; Adults who Sexually Ha | rm Evaluation | | |
| Juvenile Servio | Outpatient Therapy including Group Session Sexually Harm; Outpatient Therapy - Eating Outpatient Therapy-Youth Who Sexually Har | Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Outp s-Mental Health; Outpatient Therapy including Family Sessions-Ment Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Mental I m; Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asses assessment: Juvenile Who Sexually Harm Risk Assessment | al Health; Outpatient The Health; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Servic | ces: | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Servi | ces: | | | |
| Mental Health Servio | ces: Outpatient Therapy; Adults who Sexually Ha | rm Evaluation | | |
| Juvenile Servio | Outpatient Therapy including Group Session Sexually Harm; Outpatient Therapy - Eating Outpatient Therapy-Youth Who Sexually Har | Non-Treatment: Juvenile Offender/Victim and Conflict Mediation; Outp s-Mental Health; Outpatient Therapy including Family Sessions-Ment Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Mental I m; Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asses sessment: Juvenile Who Sexually Harm Risk Assessment | al Health; Outpatient The Health; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Servic | ces: | | | |
| Kumke, Melissa | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | (402)475-3300 |
| Substance Abuse Servio | Adult Non-Residential Services Outpatient - I Intensive Outpatient Treatment; Juvenile Nor | Education; Adult Non-Residential Services Outpatient - Groups; Adult Individual; Adult Non-Residential Services Outpatient - Co-Occurring n-Residential Services Intervention/Education; Juvenile Non-Residen y; Juvenile Non-Residential Services Outpatient - Individual; Juvenile tial Services Intensive Outpatient Treatment | Treatment; Adult Non-Re tial Services Outpatient - | esidential Services Groups; Juvenile |
| Mental Health Servio | ces: Outpatient Therapy; Pre-Treatment Assessm | ent (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occu Co-Occurring | h; Outpatient Therapy including Group Sessions-Mental Health; Outp urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy including ent: Mental Status Exam | Family Sessions- (MSE); Assessmer |
| Juvenile Servio | ces: Outpatient Therapy - Individual-Mental Health Mental Health; Outpatient Therapy - Co-occu | h; Outpatient Therapy including Group Sessions-Mental Health; Outp | atie ent | ent Therapy including : Mental Status Exam |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Kumke, Melissa | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | (402)475-3300 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv Intensive Outpatient Treatment; Juvenile Non-Re | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea isidential Services Intervention/Education; Juvenile Non-Residential S venile Non-Residential Services Outpatient - Individual; Juvenile Non services Intensive Outpatient Treatment | atment; Adult Non-Ro Services Outpatient - | esidential Services Groups; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | nent: Pre-Treatment | Assessment |
| 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 - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | nent: Pre-Treatment | Assessment |
| Other Services: | | , | | |
| Larson, Bridget | | 2730 South 87th Street Omaha NB 68124 | (402)331-8085 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation; Psychological Evaluation | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Ps | sychological Evaluati | on |
| Other Services: | | | | |
| Larson, Bridget | | 2730 South 87th Street Omaha NB 68124 | (402)331-8085 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | valuation; Psychological Evaluation | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Ps | sychological Evaluati | on |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---------------------|
| 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); Adul | | es Extended |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | m Residential; Juvenile Assessment Services Substance Abuse Eval (bio-psychosocial); Co-Occurring | uations | |
| 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); Adul m Residential; Juvenile Assessment Services Substance Abuse Eval | | es Extended |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Lile, Melissa | Alivation Health LLC | 8550 Cuthills Circle Lincoln NB 68526 | (402)476-6060 | |
| 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 | ng Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | Hearing Impaired; | J. J. J. J. J. J. J. J. J. J. J. J. J. J | | |
| Lile, Melissa | Alivation Health LLC | 8550 Cuthills Circle Lincoln NB 68526 | (402)476-6060 | |
| 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-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ng Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | Hearing Impaired; | - | | |

| Name | Agency | Address | Phone | Fax |
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| | | | | |
| Logsden, Lisa | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | |
| 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 Treatman | ng Treatment; Juvenil ntial Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | on; Psychological Eva | luation |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); . ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co | Assessment: Mental S | |
| Other Services: | Assessment: I sychological Evaluation, Assessm | | Occurring | |
| Logsden, Lisa | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | ng Treatment; Juvenil ntial Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | on; Psychological Eva | luation |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co | Assessment: Mental S | |
| Other Services: | | | Coodining | |
| 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; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| 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; 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; Advervices 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 S es Substance Abuse I n-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier); Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (| | |
| 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 | | dult Non-Residential S vices Intervention/Educ | ervices Outpatient - cation; Juvenile |
| Juvenile Services: | | reatment: Mentoring; Outpatient Therapy - Individual-Mental Health; (uding Family Sessions-Mental Health; Assessment: Co-Occurring | Outpatient Therapy inc | cluding Group |
| Other Services: | | | | |
| 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; Ad ht - Family; Adult Non-Residential Services Outpatient - Individual; Ad bervices 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 S es Substance Abuse I n-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|--|--|--|---|--|
| 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 | | ividual; Adult Non-Residential ential Services Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | reatment: Mentoring; Outpatient Therapy - Individual-Menta uding Family Sessions-Mental Health; Assessment: Co-Occ | | ncluding Group |
| 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 | valuations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta | by-Mental Health; Intensive Outpatient: Intensive Outpatient atus Exam (MSE); Assessment: Co-Occurring | Therapy-Co-occurring; Asses | sment: Pre-Treatmen |
| Juvenile Services: Other Services: | | | Therapy-Co-occurring; Asses | sment: Pre-Treatmen |
| | | | Therapy-Co-occurring; Asses (402)341-1821 | sment: Pre-Treatmen (402)905-9473 |
| Other Services: Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | | |
| Other Services: Mclaurine, Marilyn Substance Abuse Services: | Assessment (Medicaid); Assessment: Mental Sta | 1927 Wirt St Omaha NB 68110 | | |
| Other Services: Mclaurine, Marilyn Substance Abuse Services: Mental Health Services: | Assessment (Medicaid); Assessment: Mental Sta Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C | atus Exam (MSE); Assessment: Co-Occurring 1927 Wirt St Omaha NB 68110 valuations Co-Occurring by-Mental Health; Intensive Outpatient: Intensive Outpatient | (402)341-1821 | (402)905-9473 |
| Other Services: Mclaurine, Marilyn Substance Abuse Services: Mental Health Services: | Assessment (Medicaid); Assessment: Mental Sta Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C Intensive Outpatient: Intensive Outpatient Therap | atus Exam (MSE); Assessment: Co-Occurring 1927 Wirt St Omaha NB 68110 valuations Co-Occurring by-Mental Health; Intensive Outpatient: Intensive Outpatient | (402)341-1821 | (402)905-9473 |
| Other Services: Mclaurine, Marilyn Substance Abuse Services: Mental Health Services: Juvenile Services: | Assessment (Medicaid); Assessment: Mental Sta Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C Intensive Outpatient: Intensive Outpatient Therap | atus Exam (MSE); Assessment: Co-Occurring 1927 Wirt St Omaha NB 68110 valuations Co-Occurring by-Mental Health; Intensive Outpatient: Intensive Outpatient | (402)341-1821 | (402)905-9473 |
| Other Services: Mclaurine, Marilyn Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: McNichols, Stephanie Substance Abuse Services: Mental Health Services: | Assessment (Medicaid); Assessment: Mental Sta Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta 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 | 1927 Wirt St Omaha NB 68110 raluations Co-Occurring by-Mental Health; Intensive Outpatient: Intensive Outpatient atus Exam (MSE); Assessment: Co-Occurring 2636 Woodsdale Blvd Lincoln NB 68502 raluations; Adult Non-Residential Services Intervention/Educ int - Family; Adult Non-Residential Services Outpatient - Indi Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Jur ndividual; Juvenile Non-Residential Services Outpatient - Co | (402)341-1821 Therapy-Co-occurring; Asses (402)440-6496 cation; Adult Non-Residential ividual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Servic -Occurring Treatment; Juveni | (402)905-9473 sment: Pre-Treatmen Services Outpatient - Services Outpatient - e Evaluations; Juveni es Outpatient - Famil le Non-Residential |

| Name | Agency | Address | Phone | Fax |
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| McNichols, Stephanie | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)440-6496 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Assessment Services Substance Abuse Evaluations; Juvenile No amily; Juvenile Non-Residential Services Outpatient - Individual; Ju al Services Intensive Outpatient Treatment | urring Treatment; Adult N on-Residential Services C | on-Residential Outpatient - Groups; |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| McNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (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; 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 Soviet Substance Abuse E Non-Residential Services | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpat | ient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| McNichols, Stephanie | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)440-6496 | |
| | | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Assessment Services Substance Abuse Evaluations; Juvenile No amily; Juvenile Non-Residential Services Outpatient - Individual; Ju al Services Intensive Outpatient Treatment | urring Treatment; Adult N on-Residential Services C | on-Residential Outpatient - Groups; |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Assessment Services Substance Abuse Evaluations; Juvenile No amily; Juvenile Non-Residential Services Outpatient - Individual; Ju al Services Intensive Outpatient Treatment | urring Treatment; Adult N on-Residential Services C | on-Residential Outpatient - Groups; |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa Co-Occurring Treatment; Juvenile Non-Residentia | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Assessment Services Substance Abuse Evaluations; Juvenile No amily; Juvenile Non-Residential Services Outpatient - Individual; Ju al Services Intensive Outpatient Treatment | urring Treatment; Adult N on-Residential Services C | on-Residential Outpatient - Groups; |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa Co-Occurring Treatment; Juvenile Non-Residentia | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Assessment Services Substance Abuse Evaluations; Juvenile No amily; Juvenile Non-Residential Services Outpatient - Individual; Ju al Services Intensive Outpatient Treatment | urring Treatment; Adult N on-Residential Services C | on-Residential Outpatient - Groups; |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa Co-Occurring Treatment; Juvenile Non-Residentia | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Assessment Services Substance Abuse Evaluations; Juvenile No amily; Juvenile Non-Residential Services Outpatient - Individual; Ju al Services Intensive Outpatient Treatment | urring Treatment; Adult N on-Residential Services C | on-Residential Outpatient - Groups; |
| Mental Health Services: Juvenile Services: Other Services: Meier, Luke Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa Co-Occurring Treatment; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment of VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occi e Assessment Services Substance Abuse Evaluations; Juvenile No amily; Juvenile Non-Residential Services Outpatient - Individual; Ju al Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring 600 S 70th St Lincoln NB 68510 rps; Adult Non-Residential Services Outpatient - Family; Adult Non Occurring Treatment; Adult Non-Residential Services Intensive Out vices Short Term Residential | urring Treatment; Adult N on-Residential Services C uvenile Non-Residential S (402)489-3802 Residential Services Out | on-Residential Dutpatient - Groups; Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Meier, Luke Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa Co-Occurring Treatment; Juvenile Non-Residential Outpatient Therapy; Pre-Treatment Assessment of VA-Western Iowa Health Care Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Dual Residential (MH/SA); Adult Residential Services Networks (MH/SA); Adult Residential Services Networks) | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occi e Assessment Services Substance Abuse Evaluations; Juvenile No amily; Juvenile Non-Residential Services Outpatient - Individual; Ju al Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring 600 S 70th St Lincoln NB 68510 rps; Adult Non-Residential Services Outpatient - Family; Adult Non Occurring Treatment; Adult Non-Residential Services Intensive Out vices Short Term Residential | urring Treatment; Adult N on-Residential Services C uvenile Non-Residential S (402)489-3802 Residential Services Out | on-Residential Dutpatient - Groups; Services Outpatient - |

| Name | Agency | Α | ddress | Phone | Fax |
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| Meier, Luke | VA-Western Iowa Health Care | 600 S 70th St Lincoln NB | 68510 | (402)489-3802 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Dual Residential (MH/SA); Adult Residential Serv | Occurring Treatment; Adult Non- | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | g | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 | Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| | Adult Assessment Services Substance Abuse Eva 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 | nt - Family; Adult Non-Resident Services Intensive Outpatient Tr Juvenile Non-Residential Servi dividual; Juvenile Non-Residen | ial Services Outpatient - Individual; Ac eatment; Juvenile Assessment Servic ices Outpatient - Groups; Juvenile No tial Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment (| (1) // | 0 | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatme | ; Intensive Outpatient: Intensive | e Outpatient Therapy-Mental Health; I | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | | | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 | Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | nt - Family; Adult Non-Resident Services Intensive Outpatient Tr Juvenile Non-Residential Servi | ial Services Outpatient - Individual; Ac eatment; Juvenile Assessment Servic ices Outpatient - Groups; Juvenile No | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurrin | g | | |
| | • | utpatient Therapy including Gro ; Intensive Outpatient: Intensive | up Sessions-Mental Health; Outpatier e Outpatient Therapy-Mental Health; I | ntensive Outpatient: | Intensive Outpatient |

| Name | Agency | Address | Phone | Fax |
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| 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 | | |
| | Non-Treatment: Intensive Family Preservation; O Assessment: Pre-Treatment Assessment (Medica | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl aid); Assessment: Mental Status Exam (MSE) | uding Family Sessic | ns-Mental Health; |
| 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: | Non-Treatment: Intensive Family Preservation; O Assessment: Pre-Treatment Assessment (Medica | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl aid): Assessment: Mental Status Exam (MSE) | uding Family Sessic | ns-Mental Health; |
| 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 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 Serv | ing Treatment; Adul | t Non-Residential |
| Mental Health Services: | Outpatient Therapy: Acute Inpatient; Pre-Treatme | ent Assessment (bio-psychosocial): Co-Occurring | | |
| Juvenile Services: | | | | |
| 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 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 Serv | ing Treatment; Adul | t 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 | |
| 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 Servivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential | Services Outpatient ducation; Juvenile |
| Mental Health Services: | • | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient Therapy - Individual | Mental Health; Out | patient |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | ; Outpatient Therapy including Family Sessions-Mental Health; Out Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | | |
| 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; A nt - Family; Adult Non-Residential Services Outpatient - Individual; / ervices Substance Abuse Evaluations; Juvenile Non-Residential Se ivenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment | Adult Non-Residential | Services Outpatient - Jucation; Juvenile |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Outpatient Tl ent Assessment (Medicaid); Assessment: Mental Status Exam (MS | herapy - Eating Disor | der; Outpatient |
| Other Services: | , and the second s | | | |
| Montgomery Lewis, Monica | Lewis Counseling Services | 3825 Ames Ave Omaha NB 68111 | (402)320-3566 | (402)939-0755 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | Evening Reporting; Non-Treatment: Anger Management Class; Out Intal Health; Outpatient Therapy including Family Sessions-Mental H tus Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Montgomery Lewis, Monica | Lewis Counseling Services | 3825 Ames Ave Omaha NB 68111 | (402)320-3566 | (402)939-0755 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | Evening Reporting; Non-Treatment: Anger Management Class; Out ental Health; Outpatient Therapy including Family Sessions-Mental H tus Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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; 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-Occurri | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | uio-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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| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient: Intensive Outpatert: Co-Occurring | | |
| 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 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 Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residentia ices Substance Abus on-Residential Servic | l Services Outpatient e Evaluations; Juveni ces Outpatient - Famil |
| | Outpatient Therapy - Individual-Mental Health; O | outpatient Therapy including Group Sessions-Mental Health; Outpatient therapy-Mental Health; Intensive Outpatient: Intensive Outpati | | |
| Other Services: | The meathern research (mealeard), research | | | |
| Moyer, Kasey | Mental Health Association of Nebraska | 1645 N St Lincoln NB 68508 | (402)441-4382 | (402)441-4377 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Moyer, Kasey | Mental Health Association of Nebraska | 1645 N St Lincoln NB 68508 | (402)441-4382 | (402)441-4377 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who Assessment: Psychological Evaluation; Assessm | Putpatient Therapy including Group Sessions-Mental Health; Outpatient Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid) nent: Juvenile Who Sexually Harm Risk Assessment; Assessment: C | ; Assessment: Menta | |
| Other Services | Bilingual Sanvicos: | | | |

Other Services: Bilingual Services;

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| 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: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co | Assessment: Mental | |
| Other Services: | Bilingual Services; | | Occurring | |
| 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) | | |
| | Outpatient Therapy including Family Sessions-Me | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclented in the therapy inclented in the therapy inclent and the therapy inclent and the therapy is the therapy inclent and the therapy is the therapy inclent and the therapy is the therapy inclent and the therapy is therapy is the therapy is the therapy is the therapy | | ns-Mental Health; |
| 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: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incleental Health; Intensive Outpatient: Intensive Outpatient Therapy-Ment | | ns-Mental Health; |
| 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 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 - Family; Juvenile Non | dult Non-Residential es Substance Abuse -Residential Service | Services Outpatient Evaluations; Juven s Outpatient - |
| | Individual; Juvenile Non-Residential Services Out | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Services | Intensive Outpatien | t Treatment |
| Mental Health Services: | Individual; Juvenile Non-Residential Services Out Outpatient Therapy; Pre-Treatment Assessment (| · • | Intensive Outpatien | t Treatment |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | t Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| INAILIE | Agency | Address | FIIOIIE | Гал |
| Nider , Keri | Lincoln Behavioral Health | 3201 Pioneers Blvd Ste 202 Lincoln NB 68502 | (308)765-2401 | |
| 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 - Family; Juvenile Non patient - Co-Occurring Treatment; Juvenile Non-Residential Services | dult Non-Residential es Substance Abuse -Residential Service | Services Outpatient - Evaluations; Juvenil s Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A SE); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| ODea, Michelle | Bright Path LLC | 2020 SW 5th St Lincoln NB 68522 | (402)309-0911 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| ODea, Michelle | Bright Path LLC | 2020 SW 5th St Lincoln NB 68522 | (402)309-0911 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ollila, Ashleigh | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; A | | |
| Other Services: | | | | |
| Ollila, Ashleigh | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; A | | |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Address | Thome | I dA |
| 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 Har | m Evaluation; 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 |
| | 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; | | | |
| 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 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: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Out g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ent Assessment (Medicaid); Assessment: Mental Status Exam (N | alth; Intensive Outpatient: | Intensive Outpatien |
| 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 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: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Out g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ent Assessment (Medicaid); Assessment: Mental Status Exam (N | alth; Intensive Outpatient: | Intensive Outpatien |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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; J | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Substance Abuse Evaluations; Juvenile Non-Resider uvenile Non-Residential Services Outpatient - Family; Juvenile Co-Occurring Treatment; Juvenile Non-Residential Services In | idual; Adult Non-Residential ntial Services Intervention/Ec e Non-Residential Services | Services Outpatient ducation; Juvenile Outpatient - Individua |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | Outpatient Therapy including Group Sessions-Mental Health; C g; Assessment: Pre-Treatment Assessment (Medicaid); Asses | | Family Sessions- |
| | Siding i ee Scale, | | | |
| Patent, Cristin | HopeSpoke | 2444 O St Lincoln NB 68510 | (402)475-7666 | |
| | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - O Outpatient Therapy; Pre-Treatment Assessment | | ntial Services Intervention/Ec e Non-Residential Services tensive Outpatient Treatmen | ducation; Juvenile Outpatient - Individua ht |
| | | Dutpatient Therapy including Group Sessions-Mental Health; C g; Assessment: Pre-Treatment Assessment (Medicaid); Asses | | Family Sessions- |
| Pawlowski, Kristi | Jenda Family Services, LLC | 8101 O Street, Suite 300 Lincoln NB 68510 | (402)405-7922 | (888)959-0716 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Group nt - Individual; Adult Non-Residential Services Outpatient - Co e Non-Residential Services Outpatient - Groups; Juvenile Non ; Juvenile Non-Residential Services Outpatient - Co-Occurring | Occurring Treatment; Juve Residential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health | | | |
| Pawlowski, Kristi | Jenda Family Services, LLC | 8101 O Street, Suite 300 Lincoln NB 68510 | (402)405-7922 | (888)959-0716 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Group nt - Individual; Adult Non-Residential Services Outpatient - Co e Non-Residential Services Outpatient - Groups; Juvenile Non ; Juvenile Non-Residential Services Outpatient - Co-Occurring | Occurring Treatment; Juve Residential Services Outpa | nile Assessment |
| | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| 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 - Individual-Mental Health; Mental Health | Outpatient Therapy including Group Sessions-Mental Health | ; Outpatient Therapy including | Family Sessions- |
| Other Services: | | | | |
| 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 - Individual-Mental Health; Mental Health | Outpatient Therapy including Group Sessions-Mental Health | ; Outpatient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Pieloch, Rachel | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)413-1504 | |
| Substance Abuse Services: | | ducation; Adult Non-Residential Services Outpatient - Groups | ; Adult Non-Residential Service | es Outpatient - |
| Mental Health Services | Individual; Adult Non-Residential Services Out Outpatient Therapy; Co-Occurring | patient - Co-Occurring Treatment | | |
| Juvenile Services | Culpation merupy, co coouring | | | |
| | Bilingual Services; | | | |
| | - | | (| |
| Pieloch, Rachel | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)413-1504 | |
| Substance Abuse Services: | | ducation; Adult Non-Residential Services Outpatient - Groups | ; Adult Non-Residential Service | es Outpatient - |
| | Individual; Adult Non-Residential Services Out | patient - Co-Occurring Treatment | | |
| Mental Health Services | | | | |
| Mental Health Services: Juvenile Services: | Outpatient merapy, Co-Occurring | | | |
| Juvenile Services: | Bilingual Services; | | | |
| Juvenile Services: Other Services: | | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Juvenile Services: Other Services: | Bilingual Services; ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Juvenile Services: Other Services: Price-Wells, Cherisa | Bilingual Services; ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Juvenile Services: Other Services: Price-Wells, Cherisa Substance Abuse Services: | Bilingual Services; ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |

| 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 | | |
| Rhoden, Cassandra | Jenda Family Services, LLC | 815 K St Lincoln NB 68508 | (402)474-0011 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Non-Treatment: Family Support Worker | | |
| Rhoden, Cassandra | Jenda Family Services, LLC | 815 K St Lincoln NB 68508 | (402)474-0011 |
| Mental Health Services: Juvenile Services: Other Services: | Non-Treatment: Family Support Worker | | |
| Rine, Jennifer | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)261-6470 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | Evaluations; Adult Non-Residential Services Intervention/Educat tient - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment on; Juvenile Non-Residential Services Outpatient - Groups; Juve Individual; Juvenile Non-Residential Services Outpatient - Co-O nt (bio-psychosocial); Co-Occurring Outpatient Therapy - Individual-Mental Health; Outpatient Thera | dual; Adult Non-Residential Services Outpat t Services Substance Abuse Evaluations; Ju nile Non-Residential Services Outpatient - F Occurring Treatment; Juvenile Non-Residenti |
| Other Services: | | Mental Health; Intensive Outpatient: Intensive Outpatient Therap | |
| Rine, Jennifer | Bloom Counseling LLC | 315 S 9th Street Suite 122 Lincoln NB 68502 | (402)460-7884 |
| | Adult Assessment Services Substance Abuse I Family; Adult Non-Residential Services Outpati Services Substance Abuse Evaluations; Juven | Evaluations; Adult Non-Residential Services Intervention/Educat ient - Individual; Adult Non-Residential Services Outpatient - Co- ile Non-Residential Services Intervention/Education; Juvenile No Individual; Juvenile Non-Residential Services Outpatient - Co-O | ion; Adult Non-Residential Services Outpatie Occurring Treatment; Juvenile Assessment on-Residential Services Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmer | nt (bio-psychosocial); Co-Occurring | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Sessions-Mental Health; Out | utpatient Therapy including Family |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sessions-Mental Health; Outpatient Therapy - Co | -occurring; Assessment: Pre-Treatment Assessment (Medicaid); Ass | essment: Co-Occurring | 9 |
| Rine, Jennifer | Jenda Family Services, LLC | 324 S 9th street Lincoln NB 68508 | (402)261-6470 | |
| | Groups; Adult Non-Residential Services Outpatier 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-Occurring bio payabagagial); Co Occurring | dult Non-Residential Se es Substance Abuse E n-Residential Services | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; Or | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Intensive Outpatient: Intensive Outpatient Therapy-Ment | 0 1 | , |
| Other Services: | | | | |
| Rine, Jennifer | Bloom Counseling LLC | 315 S 9th Street Suite 122 Lincoln NB 68502 | (402)460-7884 | |
| 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-Occurring | ng Treatment; Juvenile dential Services Outpa | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | Itpatient Therapy including Group Sessions-Mental Health; Outpatien ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | mily Sessions- |
| Ristow, Rebecca | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)506-9288 | |
| Mental Health Services: Juvenile Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri bio-psychosocial); Co-Occurring | | |
| Ristow, Rebecca | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)506-9288 | |
| | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| 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 | Services Outpatient lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | |
| Other 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 | 0 | Adult Non-Residential | Services Outpatient |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | |
| Other Services: | | | | |
| Ropte, Kerry | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| 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 | | Family; Adult Non-Re Services Intensive Ou tion; Juvenile Non-Re Outpatient - Family; J Juvenile Non-Reside | esidential Services tpatient Treatment; sidential Services uvenile Non- ential Services |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur tus Exam (MSE); Assessment: Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| 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 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 rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services O inile Non-Residential Services Outpatient - Co-Occurring Treatment; . | Family; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatier Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr | | |
| 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: Other Services: | Outpatient Therapy No Voucher Acceptance; | | | |
| 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: | | | | |
| Other Services: | No Voucher Acceptance; | | | |
| Rowe, Rachael | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Rowe, Rachael | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |

| 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: | Adult Assessment Services Substance Abuse Exervices | valuations; Adult Residential Services Therapeutic Community | ; Juvenile Assessment Serv | vices Substance Abuse |
| 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; | | | |
| 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 Ex Evaluations | valuations; Adult Residential Services Therapeutic Community | ; Juvenile Assessment Serv | vices Substance Abuse |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | ssment: Pre-Treatment Assessment (Medicaid); Assessment: C | Co-Occurring | |
| 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 nt - Individual; Adult Non-Residential Services Outpatient - Co | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | Occuming meatment | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | outpatient Therapy including Family Sessions-Mental Health; O | utpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| | Family; Adult Non-Residential Services Outpatient | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- | | rvices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | outpatient Therapy including Family Sessions-Mental Health; O | utpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| 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 Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi Services Intensive Outpatient Treatment; Juvenile Assessmen ; Juvenile Non-Residential Services Outpatient - Groups; Juve ndividual; Juvenile Non-Residential Services Outpatient - Co-C | dual; Adult Non-Residentia t Services Substance Abus nile Non-Residential Servic | - Services Outpatient e Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | | | | |
| Juvenile Services: | | | | |

| 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 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 Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual S | ervices; | | |
| Schofield, Suzanne | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)619-6077 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educ ent - Individual; Adult Non-Residential Services Intensive Ou | | Services Outpatient - |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Schofield, Suzanne | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)619-6077 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educ ent - Individual; Adult Non-Residential Services Intensive Ou | | Services Outpatient - |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Schutz, Antoni | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | |
| | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | valuations; Adult Non-Residential Services Outpatient - Indiv Services Substance Abuse Evaluations; Juvenile Non-Reside Freatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harn | ential Services Outpatient - In | dividual; Juvenile Non |
| | 1 197 | outpatient Therapy - Co-occurring; Assessment: Pre-Treatme | , , , 0 | |
| | Psychological Evaluation; Assessment: Co-Occu | | ant Assessment (medicald), A | ssessment. |
| Other Services: | Sliding Fee Scale; | | | |
| Schutz, Antoni | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Indiv Services Substance Abuse Evaluations; Juvenile Non-Reside | | |
| Montal Health Sandaas | Residential Services Outpatient - Co-Occurring 7 | Freatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harn | n Evaluation: Psychological E | valuation |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Assessment: Psychological Evaluation; Asses Sliding Fee Scale; | ssment: Co-Occurring | | |
| Sebek, Dawn | Bright Path LLC | 2020 SW 5th St Lincoln NB 68522 | (402)430-0758 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Sebek, Dawn | Bright Path LLC | 2020 SW 5th St Lincoln NB 68522 | (402)430-0758 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Sebek, Rick | Bright Path LLC | 2020 SW 5th St Lincoln NB 68522 | (402)430-3639 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Sebek, Rick | Bright Path LLC | 2020 SW 5th St Lincoln NB 68522 | (402)430-3639 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| 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 | Evaluations; Adult Non-Residential Services Intervention/Educat vices Outpatient - Groups; Adult Non-Residential Services Outpa Services Outpatient - Co-Occurring Treatment; Adult Non-Reside | tient - Family; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessme | ent (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Eating Dis | ; Outpatient Therapy including Group Sessions-Mental Health; O isorder; Outpatient Therapy - Co-occurring; Intensive Outpatient: erapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me | Intensive Outpatient Therap | y-Mental Health; |
| Othor Son tions | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---------------------|
| 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 es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residenti | nt - Family; Adult Non-Re | esidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outp der; Outpatient Therapy - Co-occurring; Intensive Outpatient: Inte by-Co-occurring; Assessment: Pre-Treatment Assessment (Media | ensive Outpatient Therap | oy-Mental Health; |
| 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 | 6 | al; Adult Non-Residential Services Intervention/Ed | Services Outpatient |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Outp | ationt Thoropy Co. 000 | urring: Accommont |
| Other Services: | Pre-Treatment Assessment (Medicaid); Assessm | | alient merapy - co-occ | uning, Assessment. |
| 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/Educatior int - Family; Adult Non-Residential Services Outpatient - Individu; services Substance Abuse Evaluations; Juvenile Non-Residential uvenile Non-Residential Services Outpatient - Family; Juvenile N co-Occurring Treatment | al; Adult Non-Residential Services Intervention/Ed | Services Outpatient |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outp ient: Co-Occurring | batient Therapy - Co-occ | urring; Assessment: |
| 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 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; Juve Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outp | patient Therapy - Co-occ | urring; |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oc | curring | |
| 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; A t - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Re dividual; Juvenile Non-Residential Services Outpatient - Co-Occur | rring Treatment; Juve sidential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpat ent: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Sizer, Elizabeth | Liz Sizer Counseling LLC | 5539 S 27th St Suite 104 Lincoln NB 68512 | (402)261-8313 | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Services | 5 | Adult Non-Residential ervices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy including | Family Sessions- |
| Sizer, Elizabeth | Liz Sizer Counseling LLC | 5539 S 27th St Suite 104 Lincoln NB 68512 | (402)261-8313 | |
| 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; Pre-Treatment Assessment (| | Adult Non-Residential ervices Intervention/Ec Residential Services | Services Outpatient - Jucation; Juvenile Outpatient - Individual |
| Other Services: | Mental Health; Outpatient Therapy - Eating Disord | | | , |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation | | | |
| Other Services: | | | | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Intensive Family Preservation | | | |
| 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; A ant - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N adividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential So ices Substance Abuse E on-Residential Services | ervices Outpatier valuations; Juve Outpatient - Fan |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including Fa | mily Sessions- |
| 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; A ent - 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 Se ices Substance Abuse E on-Residential Services | ervices Outpatier valuations; Juve Outpatient - Fan |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including Fa | mily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |

| Name | Agency | Address | Phone | Fax |
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| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| | Adult Assessment Services Substance Abuse Ex | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Sliding Fee Scale; | | | |
| Other Services. | Silding ree Scale, | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| | Adult Assessment Services Substance Abuse Ex | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Sliding Fee Scale; | | | |
| Other Services. | Silding ree 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 - Groups | | ices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; Adult Non-Residential Services Outpatient - Co- (bio-psychosocial); Co-Occurring | -Occurring Treatment | |
| | | | | |
| Juvenile Services: | | | | |
| Juvenile Services: Other Services: | | | | |
| | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Other Services: Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching Adult Assessment Services Substance Abuse Ev | 10320 Mary St Omaha NB 68122 valuations; Adult Non-Residential Services Outpatient - Groups | s; Adult Non-Residential Serv | ices Outpatient - |
| Other Services: Stratton, Elizabeth Substance Abuse Services: | Catalyst Alternative Therapy Solutions & Life Coaching Adult Assessment Services Substance Abuse Ev | 10320 Mary St Omaha NB 68122 valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- | s; Adult Non-Residential Serv | ices Outpatient - |
| Other Services: Stratton, Elizabeth Substance Abuse Services: | Catalyst Alternative Therapy Solutions & Life Coaching Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie | 10320 Mary St Omaha NB 68122 valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- | s; Adult Non-Residential Serv | ices Outpatient - |
| Other Services: Stratton, Elizabeth Substance Abuse Services: Mental Health Services: | Catalyst Alternative Therapy Solutions & Life Coaching Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie | 10320 Mary St Omaha NB 68122 valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- | s; Adult Non-Residential Serv | ices Outpatient - |
| Other Services: Stratton, Elizabeth Substance Abuse Services: Mental Health Services: Juvenile Services: | Catalyst Alternative Therapy Solutions & Life Coaching Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie | 10320 Mary St Omaha NB 68122 valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- | s; Adult Non-Residential Serv Occurring Treatment | ices Outpatient - (888)959-0716 |
| Other Services: Stratton, Elizabeth Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Sullivan, Erica | Catalyst Alternative Therapy Solutions & Life Coaching Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Erica JW Sullivan, LLC Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenide | 10320 Mary St Omaha NB 68122 valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- (bio-psychosocial); Co-Occurring | s; Adult Non-Residential Serv Occurring Treatment (402)882-2226 tion; Adult Non-Residential Se Occurring Treatment; Juveni on-Residential Services Outp | (888)959-0716 ervices Outpatient le Assessment |
| Other Services: Stratton, Elizabeth Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Sullivan, Erica Substance Abuse Services: | Catalyst Alternative Therapy Solutions & Life Coaching Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Erica JW Sullivan, LLC Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenide | 10320 Mary St Omaha NB 68122 valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- (bio-psychosocial); Co-Occurring 8101 O Street Ste 300 Lincoln NB 68510 valuations; Adult Non-Residential Services Intervention/Educat nt - Individual; Adult Non-Residential Services Outpatient - Co- e Non-Residential Services Intervention/Education; Juvenile No- ndividual; Juvenile Non-Residential Services Outpatient - Co- | s; Adult Non-Residential Serv Occurring Treatment (402)882-2226 tion; Adult Non-Residential Se Occurring Treatment; Juveni on-Residential Services Outp | (888)959-0716 ervices Outpatient le Assessment |
| Other Services: Stratton, Elizabeth Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Sullivan, Erica Substance Abuse Services: Mental Health Services: | Catalyst Alternative Therapy Solutions & Life Coaching Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Erica JW Sullivan, LLC Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | 10320 Mary St Omaha NB 68122 valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- (bio-psychosocial); Co-Occurring 8101 O Street Ste 300 Lincoln NB 68510 valuations; Adult Non-Residential Services Intervention/Educat nt - Individual; Adult Non-Residential Services Outpatient - Co- e Non-Residential Services Intervention/Education; Juvenile No- ndividual; Juvenile Non-Residential Services Outpatient - Co- | s; Adult Non-Residential Serv Occurring Treatment (402)882-2226 ion; Adult Non-Residential Se Occurring Treatment; Juveni on-Residential Services Outp Occurring Treatment | (888)959-0716 ervices Outpatient le Assessment atient - Family; |

| Nama | Agonovi | Addroop | Dhono | Fox |
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| Name | Agency | Address | Phone | Fax |
| 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 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; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| 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 Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Family; Jur Occurring Treatment | 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 Outpatient - Individual; Juvenile Non venile Non-Residential Services Outpatient - Individual; Juvenile Non (bio-psychosocial); Co-Occurring; Psychological Evaluation | dult Non-Residential vices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatien ient Assessment (Medicaid); Assessment: Outpatient Psychiatric Eva | | |
| 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 Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Family; Jur Occurring Treatment | 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 venile Non-Residential Services Outpatient - Individual; Juvenile Non | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | t Thereas Cation I | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien nent Assessment (Medicaid); Assessment: Outpatient Psychiatric Eva | | |
| 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: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Assessment: Mental Status Exam | utpatient Therapy including Group Sessions-Mental Health; Outpatier (MSE); Assessment: Psychological Evaluation; Assessment: Co-Occ | nt Therapy including curring | Family Sessions- |
| Other Services: | | | č | |

| Name | Agency | Address | Phone | Fax |
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| 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | | amily Sessions- |
| Other Services: | Mental Health; Assessment: Mental Status Exam | (MSE); Assessment: Psychological Evaluation; Assessment: Co-Oco | curring | |
| Taylor, Nathaniel | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)450-8645 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Taylor, Nathaniel | Integrated Behavioral Health Services | 2615 "O" street, Suite 4 Lincoln NB 68510 | (402)450-8645 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment | Non-Residential Servi | ces Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | с С | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Taylor, Nathaniel | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)450-8645 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Taylor, Nathaniel | Integrated Behavioral Health Services | 2615 "O" street, Suite 4 Lincoln NB 68510 | (402)450-8645 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment | Non-Residential Servi | ces Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | Ŭ | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 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/Ec es Outpatient - Groups; Adult Non-Residential Services C rvices Outpatient - Co-Occurring Treatment; Adult Non-Re e Evaluations; Juvenile Non-Residential Services Interven al Services Outpatient - Groups; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring | utpatient - Family; Adult Non-Re esidential Services Intensive Ou ion/Education; Juvenile Non-Re I Services 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; | | | |
| 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 Servic Outpatient - Individual; Adult Non-Residential Se | valuations; Adult Non-Residential Services Intervention/Ec es Outpatient - Groups; Adult Non-Residential Services C rvices Outpatient - Co-Occurring Treatment; Adult Non-Re | utpatient - Family; Adult Non-Re esidential Services Intensive Ou | esidential 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 Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | es Outpatient - Groups; Adult Non-Residential Services C rvices Outpatient - Co-Occurring Treatment; Adult Non-Re Evaluations; Juvenile Non-Residential Services Interven al Services Outpatient - Groups; Juvenile Non-Residentia enile Non-Residential Services Outpatient - Co-Occurring | utpatient - Family; Adult Non-Re esidential Services Intensive Ou ion/Education; Juvenile Non-Re I Services Outpatient - Family; J | esidential Services tpatient Treatmen sidential Services uvenile Non- |
| Mental Health 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 Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | es Outpatient - Groups; Adult Non-Residential Services C rvices Outpatient - Co-Occurring Treatment; Adult Non-Re Evaluations; Juvenile Non-Residential Services Interven al Services Outpatient - Groups; Juvenile Non-Residentia enile Non-Residential Services Outpatient - Co-Occurring | utpatient - Family; Adult Non-Re esidential Services Intensive Ou ion/Education; Juvenile Non-Re I Services Outpatient - Family; J | esidential Services tpatient Treatmen sidential Services uvenile Non- |
| Mental Health Services: Juvenile 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 Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | es Outpatient - Groups; Adult Non-Residential Services C rvices Outpatient - Co-Occurring Treatment; Adult Non-Re Evaluations; Juvenile Non-Residential Services Interven al Services Outpatient - Groups; Juvenile Non-Residentia enile Non-Residential Services Outpatient - Co-Occurring | utpatient - Family; Adult Non-Re esidential Services Intensive Ou ion/Education; Juvenile Non-Re I Services Outpatient - Family; J | esidential Services tpatient Treatmen sidential Services uvenile Non- |
| Mental Health Services: Juvenile 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 Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | es Outpatient - Groups; Adult Non-Residential Services C rvices Outpatient - Co-Occurring Treatment; Adult Non-Re Evaluations; Juvenile Non-Residential Services Interven al Services Outpatient - Groups; Juvenile Non-Residentia enile Non-Residential Services Outpatient - Co-Occurring | utpatient - Family; Adult Non-Re esidential Services Intensive Ou ion/Education; Juvenile Non-Re I Services Outpatient - Family; J | esidential Services tpatient Treatment sidential Services uvenile Non- |
| Mental Health Services: Juvenile Services: Other Services: Thompson, Jessie 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 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 Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential | es Outpatient - Groups; Adult Non-Residential Services C rvices Outpatient - Co-Occurring Treatment; Adult Non-Re Evaluations; Juvenile Non-Residential Services Interven al Services Outpatient - Groups; Juvenile Non-Residentia enile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring 2301 O St Lincoln NB 68510 valuations; Adult Non-Residential Services Intervention/Ed es Outpatient - Groups; Adult Non-Residential Services C rvices Outpatient - Co-Occurring Treatment; Adult Non-Re e Valuations; Juvenile Non-Residential Services Intervention/Ed es Outpatient - Groups; Adult Non-Residential Services Intervent al Services Outpatient - Groups; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring | utpatient - Family; Adult Non-Re esidential Services Intensive Ou ion/Education; Juvenile Non-Re I Services Outpatient - Family; J Treatment; Juvenile Non-Reside (402)441-7940 Jucation; Adult Non-Residential 3 utpatient - Family; Adult Non-Re esidential Services Intensive Ou tion/Education; Juvenile Non-Re I Services Outpatient - Family; J | esidential Services tpatient Treatmen sidential Services uvenile Non- ential Services (402)441-849 Services Care esidential Services tpatient Treatmen sidential Services uvenile Non- |
| Mental Health Services: Juvenile Services: Other Services: Thompson, Jessie 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 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 Servic Outpatient - Individual; Adult Non-Residential Servic Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Servic 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 C rvices Outpatient - Co-Occurring Treatment; Adult Non-Re Evaluations; Juvenile Non-Residential Services Interven al Services Outpatient - Groups; Juvenile Non-Residentia enile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring 2301 O St Lincoln NB 68510 valuations; Adult Non-Residential Services Intervention/Ed es Outpatient - Groups; Adult Non-Residential Services C rvices Outpatient - Co-Occurring Treatment; Adult Non-Re e Valuations; Juvenile Non-Residential Services Intervention/Ed es Outpatient - Groups; Adult Non-Residential Services Intervent al Services Outpatient - Groups; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring | utpatient - Family; Adult Non-Re esidential Services Intensive Ou ion/Education; Juvenile Non-Re I Services Outpatient - Family; J Treatment; Juvenile Non-Reside (402)441-7940 Jucation; Adult Non-Residential 3 utpatient - Family; Adult Non-Re esidential Services Intensive Ou tion/Education; Juvenile Non-Re I Services Outpatient - Family; J | esidential Services tpatient Treatmen sidential Services uvenile Non- ential Services (402)441-849 Services Care esidential Services tpatient Treatmen sidential Services uvenile Non- |

| Name | 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 | aluations; Adult Non-Residential Services Intervention/Education; Adult es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services O enile Non-Residential Services Outpatient - Co-Occurring Treatment; A | amily; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re utpatient - Family; Ju | esidential Services apatient Treatment; sidential Services uvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Thompson, Sandy | Choice*Change*Consequence, LLC | 1645 N Street Lincoln NB 68508 | (402)450-4409 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Thompson, Sandy | Choice*Change*Consequence, LLC | 1645 N Street Lincoln NB 68508 | (402)450-4409 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Thorne, Melissa | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| 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: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | 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 | 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 |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | | | |
| 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 | raluations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Adult Residential Se Residential Services Short Term Residential; Juvenile Asses ducation; Juvenile Non-Residential Services Outpatient - Gro vatient - Individual; Juvenile Non-Residential Services Outpatient | vidual; Adult Non-Residential S ervices Dual Residential (MH/S ssment Services Substance Ab pups; Juvenile Non-Residential | ervices Outpatient A); Adult use Evaluations; Services Outpatie |
| Mental Health Services: | 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 | |
| | 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 | raluations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Asses ducation; Juvenile Non-Residential Services Outpatient - Gro patient - Individual; Juvenile Non-Residential Services Outpatient ent | vidual; Adult Non-Residential S ervices Dual Residential (MH/S ssment Services Substance Ab pups; Juvenile Non-Residential | ervices Outpatient A); Adult use Evaluations; Services Outpatie |
| | 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 | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Unruh, Angela | | 1821 Prospect St. Lincoln NB 68502 | (402)740-6900 | |
| Substance Abuse Services: | Adult Residential Services Extended Residential | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| VanLaningham, Amanda | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete NB 68333 | (402)826-2000 | (402)826-2655 |
| . | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ult Non-Residential S ing Treatment; Juve dential Services Out | Services Outpatient |
| 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; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| 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 |
| | Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Crisis Phone Line; Outpatient Therapy; Pre-Treat | 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 ment Assessment (bio-psychosocial); Co-Occurring | dential Services Out g Treatment | patient - Family; |
| | Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE) | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | Sliding Fee Scale; | | | |
| Vavrina, Beth | Peoples City Mission | 110 Q St Lincoln NB 68501 | (402)475-1303 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Vavrina, Beth | Peoples City Mission | 110 Q St Lincoln NB 68501 | (402)475-1303 | |
| 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 |
|---------------------------|--|---|-------------------|--------------------|
| Velasquez, Jesus | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete NB 68333 | (402)657-2737 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| √elasquez, Jesus | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete NB 68333 | (402)657-2737 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual 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: | | | | |
| √olnek, 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: | | | | |
| /orderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; | | Services Outpatier |
| Mental Health Services: | Pamily; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; Adult Non-Residential Services Outpatient - Co-Oco (bio-psychosocial): Co-Occurring | curring Treatment | |
| Juvenile Services: | oupaient merapy, no meathent Assessment | uso poyonoocolaly, oo oocarning | | |
| | Olidian Fac Casta | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Intervention/Education; Ac | lult Non-Residential Ser | vices Outpatient |
| Mental Health Services: | Pamily; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial): Co-Occurring | ring Treatment | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Waity, Cheryl | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | mily Sessions- |
| Other Services: | mental health, Oupatient merapy - Co-occumit | g, Assessment. Fie- freatment Assessment (Meuicalu), Assessment. | Co-Occurring | |
| 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: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including Fai | mily Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Co-Occurring | |
| | | | | |
| Walls, Scott | KICKS Counseling | 237 S 70th St Ste 108 Lincoln NB 68510 | (402)483-5425 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Walls, Scott | KICKS Counseling | 237 S 70th St Ste 108 Lincoln NB 68510 | (402)483-5425 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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-Resid | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re Occurring Treatment; Adult Non-Residential Services Intensive Outpat dential Services Outpatient - Family; Juvenile Non-Residential Service reatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ient Treatment; Juven es Outpatient - Individu | ile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Ir ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient: In | tensive Outpatient |
| 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-Resid | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re Occurring Treatment; Adult Non-Residential Services Intensive Outpat dential Services Outpatient - Family; Juvenile Non-Residential Service reatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ient Treatment; Juven es Outpatient - Individu | ile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Ir ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient: In | tensive Outpatient |
| Other Services: | | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (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 So rices Intervention/Educ | ervices Outpatient - cation; Juvenile |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Δαορεγ | Address | Phone | Fax |
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| Name | Agency | Address | Flione | Γαλ |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (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 | 5 | lult Non-Residential ices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment (| 3 | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien y; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Williams, Ann | Ann's Couch | 3924 N 90th St 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 N tient - Co-Occurring Treatment; Juvenile Assessment Services Substa 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 - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Co-Occurring | t Therapy - Co-occu | urring; Assessment: |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 3924 N 90th St 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 N tient - Co-Occurring Treatment; Juvenile Assessment Services Substr 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 - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Co-Occurring | t Therapy - Co-occu | urring; Assessment: |
| Other Services: | | | | |
| Worley, Sarah | Daring Minds Therapy, LLC | 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512 | (531)289-1005 | (531)289-1002 |
| | | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient And And And And And And And And And And | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Worley, Sarah | Daring Minds Therapy, LLC | 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512 | (531)289-1005 | (531)289-1002 |
| | Family; Adult Non-Residential Services Outpatier Substance Abuse Evaluations; Juvenile Non-Res | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Thorapy Co. occ | urring: Accoccmon |
| Juvernie Services. | Pre-Treatment Assessment (Medicaid): Assessm | ient: Mental Status Exam (MSE); Assessment: Co-Occurring | nt merapy - Co-occ | unny, Assessmen |
| Other Services: | Sliding Fee Scale; | | | |
| Zinke, Monica | Fresh Start | 6433 Havelock Avenue Lincoln NB 68507 | (402)475-7777 | (402)475-7779 |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Zinke, Monica | Fresh Start | 6433 Havelock Avenue Lincoln NB 68507 | (402)475-7777 | (402)475-7779 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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: | | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | SH); Pre-Treatment A | Assessment (bio- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: P sment: Psychological Evaluation; Assessment: Juvenile Who Sexually | re-Treatment Asses | sment (Medicaid); |
| 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 Asse psychosocial); Adults who Sexually Harm Evalua | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion; Psychological Evaluation | SH); Pre-Treatment A | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: P sment: Psychological Evaluation; Assessment: Juvenile Who Sexually | re-Treatment Asses | sment (Medicaid); |
| Other Services | | | | |

| Name Agency | Address | Phone | Fax |
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| 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 | 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: | | utpatient Therapy including Group Sessions-Mental Health; Out g; Intensive Outpatient: Intensive Outpatient Therapy-Mental He | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 (| (308)534-6961 |
| | 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 |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Out g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurri ISE): Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (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 Outpa Assessment Services Substance Abuse Evaluati | valuations; Adult Non-Residential Services Outpatient - Family; A titent - Co-Occurring Treatment; Adult Non-Residential Services ions; Juvenile Non-Residential Services Outpatient - Family; Juv tpatient - Co-Occurring Treatment; Juvenile Non-Residential Se | Intensive Outpatient Treatmenile Non-Residential Servi | nent; Juvenile ces Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Ass | sessment: Pre-Treatment As | sessment |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Address | Thome | Ιαλ |
| 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; Ad ent - 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; Juveni es Outpatient - Famil |
| | Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırring |
| 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: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| 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; 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 | |
| | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment | Non-Residential Ser | vices Outpatient - |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Eickhoff, Moriah | Moriah Eickhoff Counseling LLC | 809 S Silber Ave North Platte NB 69101 | (308)221-6868 | (308)221-6868 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; A tient - 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 | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outp ent: Mental Status Exam (MSE) | patient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Fear, Janet | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | (308)696-3263 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; A tient - Co-Occurring Treatment; Adult Non-Residential Services I | | |
| 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 |
| 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 - ducation; Juvenile |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | eatment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy ind ental Health; Outpatient Therapy - Co-occurring; Intensive Outpa t Therapy-Co-occurring; Assessment: Pre-Treatment Assessmer | atient: Intensive Outpatier | nt Therapy-Mental |
| Other Services: | | | | |
| 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: | | atient Therapy - Individual-Mental Health; Outpatient Therapy ind ental Health; Outpatient Therapy - Eating Disorder; Day Treatme ent: Mental Status Exam (MSE) | | |
| 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/Education; A 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 Ab H; Juvenile Non-Resid | sidential Services buse Evaluations; lential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Hill, Jenee | Lotus Counseling LLC | 409 N Jeffers St North Platte NB 69101 | (308)532-5565 | (308)532-5575 |
| | 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/Ed | Services Outpatient lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Dison Mental Status Exam (MSE); Assessment: Co-Oc | utpatient Therapy including Group Sessions-Mental Health; Outpatie rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatmen curring | ent Therapy including t Assessment (Medica | Family Sessions- aid); Assessment: |
| Kimzey Jr, LLoyd | Behavioral Medicine Associates LLC | 306 W 4th St North Platte NB 69101 | (308)534-4872 | (308)534-5653 |
| | | Treatment Assessment (bio-psychosocial); Co-Occurring; Psycholog aid); Assessment: Mental Status Exam (MSE); Assessment: Psycho | , | |
| 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpati ental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessm sment: Juvenile Who Sexually Harm Risk Assessment | Health; Outpatient The alth; Intensive Outpatie | erapy - Youth Who ent: Intensive |
| Other Convision | | | | |

| Name | Agency | Address | Phone | Fax |
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| Landfried, Spring | 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; 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-Residential ervices Intervention/Ec | Services Outpatient lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treat | ment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; Outpat g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (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 Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residential ervices Intervention/Ec | Services Outpatient lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Eating Diso | (bio-psychosocial); Co-Occurring Outpatient Therapy including Group Sessions-Mental Health; Outpat rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatme | ient Therapy including nt Assessment (Medic | Family Sessions- aid); Assessment: |
| Other Services: | Mental Status Exam (MSE) | | , , , , , , , , , , , , , , , , , , , | ,. |
| Lewis, Ashley | The Connection Homeless Shelter Inc | 414 E 6th St North Platte NB 69101 | (308)532-5050 | (308)532-3863 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| | Hearing Impaired; Bilingual 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; Juve | enile Assessment |
| Mental Health Services: | Outpatient Therapy | | | |
| | Mental Health; Outpatient Therapy - Co-occurrin | Outpatient Therapy including Group Sessions-Mental Health; Outpat | ient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Lowery, Angel | All Communities Outreach Services DBA TRAC Reentry Services | 7608 S 25th Street Bellevue NB 68147 | (402)257-1122 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Lund, Dave | | 108 East 2nd Street North Platte NB 69101 | (308)534-9271 | (308)534-1447 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | 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 al Services Intensive Outpatient Treatment | ing Treatment; Adul Residential Service | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring |] | | |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residentia vices Intervention/E | l Services Outpatient - ducation; Juvenile |
| Juvenile Services: Other Services: | | reatment: Mentoring; Outpatient Therapy - Individual-Mental Health; uding Family Sessions-Mental Health; Assessment: Co-Occurring | Outpatient Therapy | including Group |
| McIntosh, Barbara Huie | Alabaster LLC DBA Alabaster Counseling | 1300 E 4th St Ste C North Platte NB 69101 | (308)532-0083 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Juvenile Assessment Ser Residential Services Care Monitoring SA/MH; Ju Juvenile Non-Residential Services Outpatient - Ir | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Substance Abuse Evaluations; Juvenile Non-Residential Servic venile Non-Residential Services Outpatient - Groups; Juvenile Non-R ndividual | Family; Adult Non-Re es Intervention/Edu | esidential Services cation; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy Non-Treatment: Anger Management Class | | | |
| | Sliding Fee Scale; | | | |
| Other Services. | Siluiny ree Scale, | | | |

| Name | Agency | Address | Phone | Fax | |
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| Morse, Stephaine | Platte Valley Counseling, LLC | 409 North Jeffers North Platte NB 69101 | (308)532-5565 | (308)532-5575 | |
| Substance Abuse Services: | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - amily; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Family; uvenile 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: | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessn | nent: Pre-Treatment | Assessment | |
| 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: | 1 17 | | | | |
| Other Services: | | | | | |
| 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: | Outpatient Therapy | | | | |
| 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: | | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | tion | | |
| 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 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 | tance Abuse Evaluat | ions; Juvenile Non- | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie ;; Assessment: Co-Occurring | nt Therapy including | Family Sessions- | |
| 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 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 ces Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | , Assessment. The meathern Assessment (Medicaid) | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| 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 |
| | 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 Evaluat | Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | nt Therapy including ent: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| 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 | ion | |
| 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: | 5 | | | |

| Name | Agency | Address | Phone | Fax |
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| Waity, Cheryl | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| | | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juver Outpatient Therapy - Individual-Mental Health; Ou | aluations; Adult Non-Residential Services Outpatient - Co-Occurring nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (utpatient Therapy including Family Sessions-Mental Health; Assessm Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Me | pio-psychosocial) ent: Pre-Treatment A | |
| Other Services: White, Lisa | Sliding Fee Scale; Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| Substance Abuse Services: | 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | ult Non-Residential S dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including I | Family Sessions- |
| Young, Sandra | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)221-6902 | (308)221-6904 |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (| | ing Treatment; Adult Residential Services mile Non-Residential | Non-Residential Outpatient - Groups; Services Intensive |
| | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment A | Assessment |

| Name | Agency | Address | Phone | Fax |
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| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | 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 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-Occurring (bio psychosocial): Co Occurring | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| 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: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Day Treatment D ent: Mental Status Exam (MSE) | | |
| 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 Outpat (bio-psychosocial) | Family; Adult Non-Re rvices Substance At ; Juvenile Non-Resid | sidential Services buse Evaluations; lential Services |
| | 1 107 | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| 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; | | | |

| 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 Outpatien 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 - 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 s ent Services Substance Abuse uvenile Non-Residential Service | Services Outpatient Evaluations; Juvenil s Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| (Dio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; | | |
| Juvernie Services. | | g; Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient merapy including r | amily Sessions- |
| 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 S le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Har | ubstance Abuse Evaluations; J | uvenile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; | | |

| Name | Agency | Address | Phone | Fax |
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| 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 - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Eating I | Disorder |
| 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: | | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advised to the services of the servi | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | | Family Sessions- |
| Other Services: | | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Co-Occurring | |
| 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: | | | | |
| 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-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie 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 | ealth; Outpatient The h; Intensive Outpati | erapy - Youth Who ent: Intensive |

| Name | Agency | Address | Phone | Fax |
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| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - E ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outp nt Therapy-Youth Wh | atient Therapy - Co- no 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 | 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 Na ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | Adult Non-Residentia ces Substance Abus on-Residential Servic | l Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | g, Assessment. Fre-freatment Assessment (Medicald) | | |
| 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/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |

| 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 Evaluation | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Co-Occurring Treatment; Adult Non-Residential Services Intensiv ons; Juvenile Non-Residential Services Intervention/Education; Juven atient - Co-Occurring Treatment; Juvenile Non-Residential Services Ir | e Outpatient Treatm ile Non-Residential | ent; Juvenile Services Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | Non-Treatment: Family Support Worker; Non-Tre | atment: Supervised Visitation; Community Treatment Aide | | |
| 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 Service Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ces Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential Abuse Evaluations sidential Services Ou | Services Outpatient - ; Juvenile Non- utpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | urring |
| 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; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad 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 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 | ssessment 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-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 isidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor | on-Residential Servic ng Treatment; Adult ces Short Term Res ile Non-Residential ent - Family; Juvenil | ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (Dio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Outpatient nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; | Therapy - Co-occurring; Intens | 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 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se | aluations; Adult Non-Residential Services Intervention/Educat nt - Family; Adult Non-Residential Services Outpatient - Indivi ervices Substance Abuse Evaluations; Juvenile Non-Resident ivenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment | dual; Adult Non-Residential Se tial Services Intervention/Educa | rvices Outpatient ation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Co-occurring; Assessment: | utpatient Therapy - Individual-Mental Health; Outpatient Thera Pre-Treatment Assessment (Medicaid) | apy including Family Sessions- | Mental Health; |
| Other 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 Outpatier | aluations; Adult Non-Residential Services Intervention/Educat nt - Family; Adult Non-Residential Services Outpatient - Indivivivices Intervention/Education; Juvenile Non-Residential Servic ential Services Outpatient - Individual | dual; Juvenile Assessment Ser | vices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Or | utpatient Therapy - Eating Diso | rder; Assessment |
| 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: | Adult Non-Residential Services Intervention/Educ Family; Adult Non-Residential Services Outpatien Outpatient - Family; Juvenile Non-Residential Ser | ation; Adult Non-Residential Services Care Monitoring SA/MH tt - Individual; Juvenile Non-Residential Services Intervention/ rvices Outpatient - Individual | H; Adult Non-Residential Servic | |
| Substance Abuse Services: Mental Health Services: | Adult Non-Residential Services Intervention/Educ Family; Adult Non-Residential Services Outpatien Outpatient - Family; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment (| ation; Adult Non-Residential Services Care Monitoring SA/MH at - Individual; Juvenile Non-Residential Services Intervention/ rvices Outpatient - Individual (bio-psychosocial) | l; Adult Non-Residential Servic Education; Juvenile Non-Resid | ential Services |
| Mental Health Services: Juvenile Services: | Adult Non-Residential Services Intervention/Educ Family; Adult Non-Residential Services Outpatien Outpatient - Family; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment (| ation; Adult Non-Residential Services Care Monitoring SA/MH at - Individual; Juvenile Non-Residential Services Intervention/ rvices Outpatient - Individual (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Ou | l; Adult Non-Residential Servic Education; Juvenile Non-Resid | ential Services |

| Name | Agency | Address | Phone | Fax |
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| Bowens Kissi Afare, | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | I |
| 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; 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 | Adult Non-Residential S ices Substance Abuse Ion-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | | ent Therapy - Individual-Mental Health; Intensive Outpatient: Intensiv | ve Outpatient Therapy- | Mental Health |
| | Sliding Fee Scale; | | | |
| Brooks, Cristy | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)340-0022 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy in | cluding Family Session | s-Mental Health |
| Other 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatiency-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment | | |
| 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; A nt - Family; Adult Non-Residential Services Outpatient - Individual; / | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | amily Sessions- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Carmichael, Kirk | 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; Juvenile Assessment Serv Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp | | dult Non-Residential es Intervention/Educa ential Services Outpa | Services Intensive ation; Juvenile Non- atient - Individual; |
| | Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | | |
| | Treatment Aide; Intensive Outpatient: Intensive C | utpatient Therapy including Family Sessions-Mental Health; Outpatien Outpatient Therapy-Co-occurring | nt Therapy - Co-occu | Irring; Community |
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| 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: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | uding Family Sessio | ns-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: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Commun | nity Treatment Aide | | |
| Other Services: | | | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy including Family Sessions-Me | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Assessment: Pre-Treatment Assessment (Medicaid) | uding Group Sessior | ns-Mental Health; |
| Other Services: | Bilingual Services; | | | |

| Nomo | Ageney | A ddree o | Dhana | Fax |
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| Name | Agency | Address | Phone | Fax |
| 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 | | Individual; Adult Non- tial Services Short Ter tion; Juvenile Non-Res | Residential Services m Residential; sidential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpati | ent Therapy - Co-occu | irring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| 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; Adults who Sexually Harm Evalua | ation | |
| Juvenile Services: | on-Treatment: Family Support Worker; Non-Treatment: Intensive Family Preservation; Non-Treatment: Supervised Visitation; Non-Treatment: Day Reportir on-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family essions-Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE partracted Services: Tracker | | | |
| | Contracted Services: Tracker | lung Disorder, Assessment. Pre-Treatment Assessment (Medicaid), | Assessment: Mental | Status Exam (MSE); |
| Other Services: | Contracted Services: Tracker | ung Disorder, Assessment. Pre- freatment Assessment (Medicaid), | Assessment: Mental 3 | Status Exam (MSE); |
| Other Services: DeLaet, Theodore | Contracted Services: Tracker | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | Status Exam (MSE); (402)333-2298 |
| | Contracted Services: Tracker Theodore J. DeLaet, PhD, PC | | | · · · · |
| DeLaet, Theodore Substance Abuse Services: | Contracted Services: Tracker Theodore J. DeLaet, PhD, PC Outpatient Therapy; Juvenile Pre-Treatment Asse | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| DeLaet, Theodore Substance Abuse Services: Mental Health Services: | Contracted Services: Tracker Theodore J. DeLaet, PhD, PC Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evaluar Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 /SH); Pre-Treatment A ent Therapy including I); Assessment: Outpat | (402)333-2298 ssessment (bio- Family Sessions- ient Psychiatric |
| DeLaet, Theodore Substance Abuse Services: Mental Health Services: | Contracted Services: Tracker Theodore J. DeLaet, PhD, PC Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evaluat Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Vouth Who Seven and Context and C | 11414 West Center Road suite 243 Omaha NB 68144 essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatio Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid | (402)333-8210 /SH); Pre-Treatment A ent Therapy including I); Assessment: Outpat | (402)333-2298 ssessment (bio- Family Sessions- ient Psychiatric |
| DeLaet, Theodore Substance Abuse Services: Mental Health Services: Juvenile Services: | Contracted Services: Tracker Theodore J. DeLaet, PhD, PC Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evaluat Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Vouth Who Seven and Context and C | 11414 West Center Road suite 243 Omaha NB 68144 essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatio Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid | (402)333-8210 /SH); Pre-Treatment A ent Therapy including I); Assessment: Outpat | (402)333-2298 ssessment (bio- Family Sessions- ient Psychiatric |
| DeLaet, Theodore Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Contracted Services: Tracker Theodore J. DeLaet, PhD, PC Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evaluar Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S Evaluation; Assessment: Mental Status Exam (Mental Health; Second Status Evaluation); Assessment: Mental Status Evaluation; Assessment; | 11414 West Center Road suite 243 Omaha NB 68144 essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatio Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid SE); Assessment: Psychological Evaluation; Assessment: Juvenile | (402)333-8210 /SH); Pre-Treatment A ent Therapy including I); Assessment: Outpat Who Sexually Harm R | (402)333-2298 ssessment (bio- Family Sessions- ient Psychiatric |
| DeLaet, Theodore Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: DeWalt, Jennifer | Contracted Services: Tracker Theodore J. DeLaet, PhD, PC Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evaluar Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S Evaluation; Assessment: Mental Status Exam (Mental Status Exam (Ment | 11414 West Center Road suite 243 Omaha NB 68144 essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatio Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid SE); Assessment: Psychological Evaluation; Assessment: Juvenile | (402)333-8210 /SH); Pre-Treatment A ent Therapy including I); Assessment: Outpat Who Sexually Harm R | (402)333-2298 ssessment (bio- Family Sessions- ient Psychiatric |
| DeLaet, Theodore Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: DeWalt, Jennifer Substance Abuse Services: | Contracted Services: Tracker Theodore J. DeLaet, PhD, PC Outpatient Therapy; Juvenile Pre-Treatment Asse psychosocial); Adults who Sexually Harm Evaluar Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Evaluation; Assessment: Mental Status Exam (Mental Jennifer S. DeWalt Outpatient Therapy | 11414 West Center Road suite 243 Omaha NB 68144 essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YW tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatio Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid SE); Assessment: Psychological Evaluation; Assessment: Juvenile | (402)333-8210 /SH); Pre-Treatment A ent Therapy including I); Assessment: Outpat Who Sexually Harm R | (402)333-2298 ssessment (bio- Family Sessions- ient Psychiatric |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| 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) | | |
| | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatier der | nt Therapy including Fa | amily Sessions- |
| 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 Ex | valuations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (M | | |
| 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-(Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juveni | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Re Dccurring Treatment; Adult Non-Residential Services Intensive Outpa ervices Substance Abuse Evaluations; Juvenile Non-Residential Servi le Non-Residential Services Outpatient - Family; Juvenile Non-Residentiad co-Occurring Treatment; Juvenile Non-Residential Services Intensive | esidential Services Ou tient Treatment; Adult ces Intervention/Educa ential Services Outpati | tpatient - Individual; Residential Services ation; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hammock, Michelle | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex 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; 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 enile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Resi ervices Intensive Outpa on; Juvenile Non-Resid 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 - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensiv | | amily Sessions- |

| Name | Agency | Address | Phone | Fax |
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| | 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 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment | ; Adult Non-Residentia e Abuse Evaluations; J | Services Intensive uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | tient Therapy including ; Assessment: Pre-Tre | Family Sessions- atment Assessment |
| 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: | | | | |
| 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); Ps | sychological Evaluation | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpa Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment sment: Psychological Evaluation; Assessment: Juvenile Who Sexu | : Pre-Treatment Asses | sment (Medicaid); |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; ent - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Intervention/Education; Juvenile Non-R adividual; Juvenile Non-Residential Services Outpatient - Co-Occu | curring Treatment; Juve esidential Services Our | enile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Non-Treatment: Intensive Family Preservation; C | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy i ental Health; Assessment: Pre-Treatment Assessment (Medicaid); | | ns-Mental Health; |
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| Name | Agency | Address | Phone | Fax |
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| | Co-Occurring | | | |
| Other Services: | Bilingual Services; | | | |
| Kraft, Denise | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| | 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 | | |
| | Outpatient Therapy; Co-Occurring | | | |
| | 1 13 | ensive Outpatient: Intensive Outpatient Therapy-Mental Health | | |
| 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 Partial Ca Occurring Treatment; Adult Non-Residential Servi Services Extended Residential; Adult Residential | | -Residential Service | es Outpatient - Co- |
| 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ttensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The this intensive Outpati | erapy - Youth Who ent: Intensive |
| 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 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; 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 Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | 1 197 | on-Treatment: Anger Management Class; Non-Treatment: General E | ducation Class: Out | natient Therapy - |
| | Individual-Mental Health; Outpatient Therapy inclu | uding Group Sessions-Mental Health; Outpatient Therapy including F | amily Sessions- | paton morapy - |

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| Name | Agency | Address | Phone | Fax |
| Other Services: | | g; Intensive Outpatient: Intensive Outpatient Therapy-Mer ent Assessment (Medicaid); Assessment: Co-Occurring | ntal Health; Intensive Outpatient: In | ntensive Outpatient |
| 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: | Outpatient Therapy Non-Treatment: Intensive Family Preservation; A | ssessment: Pre-Treatment Assessment (Medicaid) | | |
| 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 Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juveni | raluations; Adult Non-Residential Services Intervention/Econt - Family; Adult Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment; Adult Residentia Prvices Substance Abuse Evaluations; Juvenile Non-Residential Intervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment; Juvenile Non-Residential Service | ndividual; Adult Non-Residential S al Services Halfway-House; Adult I dential Services Intervention/Educ Non-Residential Services Outpat | Services Outpatient - Residential Services ation; Juvenile Non- ient - Individual; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Group Sessions-Mental Healt g; Assessment: Pre-Treatment Assessment (Medicaid); A | | amily Sessions- |
| Means, Kelli | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | (402)371-0971 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Family; Ju Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Ec int - Family; Adult Non-Residential Services Outpatient - I ervices Substance Abuse Evaluations; Juvenile Non-Resivenile Non-Residential Services Outpatient - Individual; J | ndividual; Adult Non-Residential S idential Services Intervention/Edu | Services Outpatient - cation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Heal | th; Outpatient Therapy - Co-occur | ring; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | 3 | | |
| Merchant, Chad | Open Doors/Merchant Construction | 106 W. Spruce Norfolk NB 68701 | (402)992-1159 | |
| 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 |
|---------------------------|---|---|---|--|
| Merchant, Michelle | House of Hope/Merchant Construction | 608 S 9th Norfolk NB 68701 | (402)860-1863 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa It Therapy-Youth Wh | atient Therapy - Co- no Sexually Harm; |
| 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 Asso | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | lon-Treatment: Anger Management Class; Outpatient Therapy - Indiv ient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessn | | Outpatient Therapy |
| 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: | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | eatment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Ma -Mental Health; Outpatient Therapy including Group Sessions-Mental apy - Eating Disorder; Community Treatment Aide; Intensive Outpatie t- Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | nagement Class; No I Health; Outpatient ent: Intensive Outpat /-Co-occurring; Asse | n-Treatment: Gener Therapy including ient Therapy-Menta essment: Pre- |

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
|---|--|--|----------------------|-------------------|
| Milligan, Debra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- Dutpatient Therapy - Individual-Mental Health; Assessment: Pre-Trea | 0 | /ledicaid); |
| Mitchell, David | Associated Psychologists and Counselors | 1306 N 13th St Norfolk NB 68702 | (402)371-8218 | |
| | Outpatient Therapy; Adults who Sexually Harm E Assessment: Psychological Evaluation | Evaluation; Psychological Evaluation | | |
| Mitchell, David | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| | Adults who Sexually Harm Evaluation; Psycholog Assessment: Psychological Evaluation | gical Evaluation | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | | cation; Adult Non-Residential Services Outpatient - Groups; Adult N idual; Adult Non-Residential Services Outpatient - Co-Occurring Tre (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: Juvenile Services: Other Services: | Non-Treatment: Intensive Family Preservation; C | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy in ental Health; Outpatient Therapy - Eating Disorder | cluding Group Sessio | ns-Mental Health; |

| News | • | A duba a a | Dhama | East |
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| Name | Agency | Address | Phone | Fax |
| Pelster-Hess, Brooke | 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; Adult Residential Services Residential Services Intervention/Education; Juve | raluations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Short Term Residential; Juvenile Assessment Services Substance A enile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Outpatient Trea | dult Non-Residential buse Evaluations; Jo sidential Services O | Services Intensive uvenile Non- utpatient - Family; |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | |
| 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; 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 lult Non-Residential Services Outpatient - Individual; Adult Non-Resid sive Outpatient Treatment; Adult Residential Services Short Term Res sidential Services Outpatient - Groups; Juvenile Non-Residential Servi enile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial); Co-Occurring; Psychological Evaluation | ential Services Outp sidential; Juvenile As ces Outpatient - Far | atient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As SE); Assessment: Psychological Evaluation; Assessment: Co-Occurri | ssessment: Pre-Trea | |
| Rech, Kim | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)860-4014 | |
| | Residential | aluations; Adult Residential Services Dual Residential (MH/SA); Adult | Residential Service | es Extended |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Olidian Fee Cooler Head's story sized. Diff. 10 | | | |
| 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: | | aluations; Adult Residential Services Therapeutic Community; Juveni | le Assessment Serv | ices Substance Abuse |
| Mental Health Services: | Evaluations Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring | | |
| | | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occu | urring | |
| | Sliding Fee Scale; | | 0 | |
| | J, | | | |

| 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 Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psychologi | cal Evaluation | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | | |
| Other Services: | | | | |
| Sotelo, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| 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; 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); Co-Occurring | | |
| 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 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | 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 uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R co-Occurring Treatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | dult Non-Residential vices Intervention/Ed esidential Services (| Services Outpatient - lucation; Juvenile |
| | Non-Treatment: Intensive Family Preservation; C Outpatient Therapy - Youth Who Sexually Harm; | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occur atus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk As | uding Family Sessio ring; Assessment: P | |
| 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; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- individual; 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) | | |

| Name | Agency | Address | Phone | Fax |
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| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); 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 Har | m Evaluation |
| Juvenile Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions Inental Health; Community Treatment Aide; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Streff, Tobin | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Residential Service Residential Services Intervention/Education; Juva Juvenile Non-Residential Services Outpatient - In Services Short Term Residential Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | aluations; Adult Non-Residential Services Intervention/Education; A ont - Family; Adult Non-Residential Services Outpatient - Individual; , ces Short Term Residential; Juvenile Assessment Services Substan enile Non-Residential Services Outpatient - Groups; Juvenile Non-R ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient urring; Assessment: Pre-Treatment Assessment (Medicaid); Assess | Adult Non-Residentia ce Abuse Evaluation esidential Services C ing Treatment; Juven ent Therapy including atient Therapy-Mental | I Services Outpatien s; Juvenile Non- utpatient - Family; ile Residential Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Sullivan, Michael | Anchor House LLC | 208 N 5th St Norfolk NB 68701 | (402)750-7923 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| 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 | venile Assessment | Services Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: Other Services: | Non-Treatment: Family Support Worker; Assessn | nent: Pre-Treatment Assessment (Medicaid) | | |
| 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; 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 Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| 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; Ad 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 venile Non-Residenti | sidential Services ouse Evaluations; al Services Outpatien |
| Juvenile Services: | Occurring Non-Treatment: Anger Management Class; Non- | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmet Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Co-Occurring | Mental Health; Outp | atient 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 |
|---------------------------|--|--|----------------------------|------------------|
| 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-Treatmen psychosocial); Adults who Sexually Harm E | t Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation | on (YWSH); Pre-Treatment | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually H | ion; Outpatient Therapy - Individual-Mental Health; Outpatient The larm; Community Treatment Aide; Intensive Outpatient: Intensive (/ledicaid); Assessment: Juvenile Who Sexually Harm Risk Assessi | Outpatient Therapy-Youth W | |

Other Services: Sliding Fee Scale; Hearing Impaired;

Registered Service Providers for County: McPherson

| Name | Agency | Address | Phone | Fax |
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| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi- Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juve ndividual; Juvenile Non-Residential Services Outpatient - Co-C (bio-psychosocial); Co-Occurring | dual; Adult Non-Residential t Services Substance Abus nile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | utpatient Therapy including Group Sessions-Mental Health; Ou g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Montal Haalth Sanciana | Outpatient Therapy; Pre-Treatment Assessment | (big psychosocial): Co Occurring | | |
| Merital Realth Services. | Outpatient merapy, mermeatment Assessment | (bio-psychosocial), Co-Occurring | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Treatr | including Group Sessions-I ment Day Treatment-Menta | Mental Health; I Health; Assessment |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Treatr | including Group Sessions-I ment Day Treatment-Menta (308)532-0777 | Mental Health; I Health; Assessment |
| Juvenile Services: Other Services: Hageman, Wendy Substance Abuse Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assess Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Er Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | atient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Treatr nent: Mental Status Exam (MSE) 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Educat es Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessm ducation; Juvenile Non-Residential Services Care Monitoring S ervices Outpatient - Family; Juvenile Non-Residential Services | (308)532-0777 (308)532-0777 ion; Adult Non-Residential tient - Family; Adult Non-Re nent Services Substance At SA/MH; Juvenile Non-Resid | I Health; Assessment Services Care esidential Services ouse Evaluations; dential Services |
| Juvenile Services: Other Services: Hageman, Wendy Substance Abuse Services: Mental Health Services: Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Er Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Eating Diso | atient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Treatr nent: Mental Status Exam (MSE) 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Educat es Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Juvenile Assessm ducation; Juvenile Non-Residential Services Care Monitoring ervices Outpatient - Family; Juvenile Non-Residential Services (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Ou | (308)532-0777 (308)532-0777 (ion; Adult Non-Residential tient - Family; Adult Non-Re nent Services Substance At SA/MH; Juvenile Non-Resid Outpatient - Individual; Juv | I Health; Assessment Services Care esidential Services ouse Evaluations; dential Services venile Non-Residentia |
| Juvenile Services: Other Services: Hageman, Wendy Substance Abuse Services: Mental Health Services: Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assess Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Er Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; C | atient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Treatr nent: Mental Status Exam (MSE) 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Educat es Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Juvenile Assessm ducation; Juvenile Non-Residential Services Care Monitoring ervices Outpatient - Family; Juvenile Non-Residential Services (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Ou | (308)532-0777 (308)532-0777 (ion; Adult Non-Residential tient - Family; Adult Non-Re nent Services Substance At SA/MH; Juvenile Non-Resid Outpatient - Individual; Juv | I Health; Assessment Services Care esidential Services ouse Evaluations; dential Services venile Non-Residentia |
| Juvenile Services: Other Services: Hageman, Wendy Substance Abuse Services: Mental Health Services: Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Er Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Eating Diso | atient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Treatr nent: Mental Status Exam (MSE) 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Educat es Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Juvenile Assessm ducation; Juvenile Non-Residential Services Care Monitoring ervices Outpatient - Family; Juvenile Non-Residential Services (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Ou | (308)532-0777 (308)532-0777 (ion; Adult Non-Residential tient - Family; Adult Non-Re nent Services Substance At SA/MH; Juvenile Non-Resid Outpatient - Individual; Juv | I Health; Assessment Services Care esidential Services ouse Evaluations; dential Services venile Non-Residentia |
| Juvenile Services: Other Services: Hageman, Wendy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Er Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Eating Diso Sliding Fee Scale; | Aatient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Treatr nent: Mental Status Exam (MSE) 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Educat es Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Juvenile Assessm ducation; Juvenile Non-Residential Services Care Monitoring S ervices Outpatient - Family; Juvenile Non-Residential Services (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outpatient | (308)532-0777 (308)532-0777 (ion; Adult Non-Residential tient - Family; Adult Non-Re nent Services Substance At SA/MH; Juvenile Non-Resid s Outpatient - Individual; Juv utpatient Therapy including | I Health; Assessment Services Care esidential Services ouse Evaluations; dential Services venile Non-Residentia |
| Juvenile Services: Other Services: Hageman, Wendy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Jones, James | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assess Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Servic Outpatient - Groups; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Eating Diso Sliding Fee Scale; Community Justice Center | Aatient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Treatr nent: Mental Status Exam (MSE) 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Educat es Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Juvenile Assessm ducation; Juvenile Non-Residential Services Care Monitoring S ervices Outpatient - Family; Juvenile Non-Residential Services (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outpatient | (308)532-0777 (308)532-0777 (ion; Adult Non-Residential tient - Family; Adult Non-Re nent Services Substance At SA/MH; Juvenile Non-Resid s Outpatient - Individual; Juv utpatient Therapy including | I Health; Assessment Services Care esidential Services ouse Evaluations; dential Services venile Non-Residentia |
| Juvenile Services: Other Services: Hageman, Wendy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assess Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Servic Outpatient - Groups; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Eating Diso Sliding Fee Scale; Community Justice Center | Aatient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Treatr nent: Mental Status Exam (MSE) 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Educat es Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessm iducation; Juvenile Non-Residential Services Care Monitoring S ervices Outpatient - Family; Juvenile Non-Residential Services (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outpatient PO Box 22746 Lincoln NB 68542 | (308)532-0777 (308)532-0777 (ion; Adult Non-Residential tient - Family; Adult Non-Re nent Services Substance At SA/MH; Juvenile Non-Resid s Outpatient - Individual; Juv utpatient Therapy including | I Health; Assessment Services Care esidential Services ouse Evaluations; dential Services venile Non-Residentia |

Registered Service Providers for County: McPherson

| 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/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juver individual; Juvenile Non-Residential Services Outpatient - Co-Outpatient - Co-Ou | lual; Adult Non-Residential S Services Substance Abuse hile Non-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) | tpatient Therapy including F | amily Sessions- | |
| 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 Subs le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E | tance Abuse Evaluations; Ju | uvenile Non- | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | titent Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation titent Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- al Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; sement: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | | |

| Name | Agency | Address | Phone | Fax |
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| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre- sment: Juvenile Who Sexually Harm Risk Assessment; Assessment: | Treatment Assessm | |
| 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/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | - | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Mental | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Assessment: Mental Status Exam (MSE) | nt Therapy - Eating | Disorder; Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| Baughman, Emelise | | 717 16th St Central City NB 68826 | (308)380-1925 | (308)986-2374 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatier | | |
| Mental Health 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 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | lult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatm | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient Th nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 Evalua | ations | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy ir ental Health; Assessment: Pre-Treatment Assessment (Medicaid) | ncluding Group Sessio | ns-Mental Health; |
| Other Services: | Bilingual Services; | | | |
| Frances, Sonya | Compassionate Healing Counseling Services Inc | 1811 W 2nd St Suite 420 Grand Island NB 68803 | (308)384-4617 | (844)270-3023 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assess | sment: Pre-Treatment | Assessment |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu esidential Services Outpatient - Family; Juvenile Non-Residential S Treatment | urring Treatment; Juve | nile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpat nent: Co-Occurring | tient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | , and the second s | | |
| 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 | ical Evaluation; Asses | sment: Juvenile Who |
| 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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| 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 | aluations; Adult Non-Residential Services Outpatient - Groups; Adut nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | urring Treatment; Juve dential Services Outpa | nile Assessment tient - Family; Juven |
| Mental Health Services: | Outpatient Therapy | | | |
| | Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpat | ient Therapy - Co-occ | urring; Assessment: |
| 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: | | | | |
| 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; nt - Family; Adult Non-Residential Services Outpatient - Individual | Adult Non-Residential | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| 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: | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | |
| Juvenile Services: | | y-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | | utpatient: Intensive |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| 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 Partial Ca | aluations; Adult Non-Residential Services Outpatient - Groups; Adult are; Adult Non-Residential Services Outpatient - Individual; Adult Non ices Intensive Outpatient Treatment; Adult Residential Services Dual Services Short Term Residential | -Residential Service | s Outpatient - Co- |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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 Diso 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 sment: Juvenile Who Sexually Harm Risk Assessment | h; Intensive Outpatie | ent: Intensive |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ting Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| 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: | | aluations; Adult Non-Residential Services Intervention/Education; Ad as Outpatient - Individual; Adult 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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| 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; Juven individual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential S Services Substance Abuse ile Non-Residential Service | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health; Out | notiont Thoropy including F | |
| Juvenile Services. | | g; Assessment: Pre-Treatment Assessment (Medicaid) | patient merapy including F | amily Sessions- |
| 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; sive Outpatient Treatment; Juvenile Assessment Services Subst ile Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Ex | aluation; Psychological Eva | aluation |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | outpatient Therapy including Group Sessions-Mental Health; Out Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Ou ht Assessment (Medicaid); Assessment: Mental Status Exam (M Assessment; Assessment: Co-Occurring | itpatient: Intensive Outpatie | ent Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |
| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | e Evaluations; Juvenile Non-Residential Services Outpatient - Go Services Intensive Outpatient Treatment | roups; Juvenile Non-Reside | ential 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 Servic 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 Outpation rvices Outpatient - Co-Occurring Treatment; Juvenile Assessme Education; Juvenile Non-Residential Services Outpatient - Group patient - Individual; Juvenile Non-Residential Services Outpatien | ent - Family; Adult Non-Res ent Services Substance Abu s; Juvenile Non-Residentia | sidential Services use Evaluations; Il Services Outpatien |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tr | eatment Assessment (bio-p | osychosocial); Co- |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient Therapy - Indivient Therapy including Family Sessions-Mental Health; Outpatie | | atient Therapy |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | occurring; Assessment: Pre-Treatment Assessme Sliding Fee Scale; | ent (Medicaid); Assessment: Co-Occurring | | |
| 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 | (bio-psychosocial) | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessi Evaluation; Assessment: Mental Status Exam (MSE); Assessment: N | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | Adult Non-Residential | I Services Outpatient |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| 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; 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-Residential | l Services Outpatient |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Co-Occurring | ent Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | 1 |
| 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 vices Outpatient - Co-Occurring Treatment; Adult Non-Residentia ducation; Juvenile Non-Residential Services Care Monitoring SA/ ervices Outpatient - Family; Juvenile Non-Residential Services Ou Juvenile Non-Residential Services Intensive Outpatient Treatment | t - Family; Adult Non-Re al Services Intensive Out MH; Juvenile Non-Resid | sidential Services patient Treatment; ential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpa ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal | | |
| Other Services: | Sliding Fee Scale; | - | | |
| Connor, Shawnda | Healing Hope Counseling LLC | 815 Flack Ave Alliance NB 69301 | (308)225-6572 | (308)217-4277 |
| | Occurring Treatment; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | ily; Adult Non-Residential Services Outpatient - Individual; Adult N ervices Outpatient - Family; Juvenile Non-Residential Services O | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| utpatient Therapy including Family Sessions-Mental Health; Outpatient | atient Therapy - Co-occu | urring: Assessment: |
| Suverille Services. | Co-Occurring | | allent merapy - co-occu | innig, Assessment. |
| 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 | Evaluations; Juvenile Nor | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatient | atient Therapy - Eating D | isorder; Outpatient |
| Other Services: | Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; | nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Intensive Outpatient: Intensive Outpatient Therapy-N | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax | | |
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| 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; Ju vices Outpatient - Individual | venile Assessment S | ervices Substance | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | Family Sessions- | | |
| 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 | ssessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmeter | ent Assessment (bio | -psychosocial); Co- | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: | | |
| 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: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- | | |
| | Occurring | | | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring PO Box 22746 Lincoln NB 68542 | ent Therapy - Co-occi (402)429-1050 | urring; Assessment: | | |
| Other Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; | ent: Mental Status Exam (MSE); Assessment: Co-Occurring | | urring; Assessment: | | |
| Other Services: Jones, James | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center | ent: Mental Status Exam (MSE); Assessment: Co-Occurring | | urring; Assessment: | | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center | ent: Mental Status Exam (MSE); Assessment: Co-Occurring | | urring; Assessment: | | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center Outpatient Therapy | ent: Mental Status Exam (MSE); Assessment: Co-Occurring | | urring; Assessment: | | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: O | ent: Mental Status Exam (MSE); Assessment: Co-Occurring | | urring; Assessment: (308)633-2020 | | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center 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 | ent: Mental Status Exam (MSE); Assessment: Co-Occurring PO Box 22746 Lincoln NB 68542 General Education Class 1870 9th St Gering NB 69341 aluations; Adult Non-Residential Services Outpatient - Individual; Ac ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Services Substance Abuse Evaluations; Juvenile Non-Residential Services Ser | (402)429-1050 (308)225-4335 lult Non-Residential \$ | (308)633-2020 Services Outpatient - | | |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra Substance Abuse Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center 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 | ent: Mental Status Exam (MSE); Assessment: Co-Occurring PO Box 22746 Lincoln NB 68542 General Education Class 1870 9th St Gering NB 69341 aluations; Adult Non-Residential Services Outpatient - Individual; Ac ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Services Substance Abuse Evaluations; Juvenile Non-Residential Services Ser | (402)429-1050 (308)225-4335 Iult Non-Residential S rvices Outpatient - Inc | (308)633-2020 Gervices Outpatient - dividual; Juvenile Nor | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | cluding Group Sessions-Mental Health; Outpatient Therapy tensive Outpatient Therapy-Mental Health; Assessment: Pro ccurring | | |
| 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 | Evaluations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Inc Services Intensive Outpatient Treatment; Juvenile Assessm n; Juvenile Non-Residential Services Outpatient - Groups; J Individual; Juvenile Non-Residential Services Outpatient - C | dividual; Adult Non-Residential nent Services Substance Abuse uvenile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Dutpatient Therapy including Group Sessions-Mental Health ng; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy including | Family Sessions- |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Inten Residential Services Outpatient - Groups; Juver | valuations; Adult Non-Residential Services Outpatient - Gro sive Outpatient Treatment; Juvenile Assessment Services S nile Non-Residential Services Outpatient - Individual t (bio-psychosocial); Co-Occurring; Adults who Sexually Har | Substance Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Youth Who | Dutpatient Therapy including Group Sessions-Mental Health Sexually Harm; Outpatient Therapy - Co-occurring; Intensiv nt Assessment (Medicaid); Assessment: Mental Status Exar | ; Outpatient Therapy including ve Outpatient: Intensive Outpat | Family Sessions- ient Therapy-Youth |

| 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 - Inc 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 - Inc | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | outpatient Therapy including Group Sessions-Mental Health; | | Family Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurrin | g; Assessment: Pre-Treatment Assessment (Medicaid); Ass | sessment: Co-Occurring | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Th | | ns-Mental Health; |
| Other Services: | Bilingual Services; | lental Health; Assessment: Pre-Treatment Assessment (Me | dicaid) | |
| 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-Residential Residential Services Intensive Outpatient Treatm Outpatient Therapy; Pre-Treatment Assessment | | tpatient - Individual; Adult Non- Residential Services Short Te on/Education; Juvenile Non-Re Services Outpatient - Individual | -Residential Services rm Residential; sidential Services l; Juvenile Non- |

| 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: Psychologic | cal 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: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - E ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatie aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | Eating Disorder; Outpant Therapy-Youth Wh | atient Therapy - Co- no Sexually Harm; |
| 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 vidual; Adult Non-Residential Services Outpatient - Co-Occurring Tre | | |
| Juvenile Services: | oupatient merapy, rie-meathent Assessment | (bio-psychosocial), Co-Occutting | | |
| Other Services: | | | | |
| Outer Services. | | | | |

| 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv uvenile 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 | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | on | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occur tus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk Ass | ring; Assessment: P | ns-Mental Health; re-Treatment |
| 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 Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; 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: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| 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 | venile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Assessn | nent: Pre-Treatment Assessment (Medicaid) | | |
| 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; Aduss 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 renile Non-Residenti | sidential Services buse Evaluations; al Services Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | 1 12 | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | nent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Occurring Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mantal Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre- | | | |
| Other Services: | including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre Treatment Assessment (Medicaid); Assessment: Co-Occurring 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 | (bio-psychosocial) | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Medication Management | | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; 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-I co-Occurring Treatment | Adult Non-Residential | Services Outpatient ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| 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 | |
| Substance Abuse Services: | 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 | 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 | ult Non-Residential dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dell, Rodney | Outpatient Therapy | 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 Treatme Outpatient Therapy | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (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 | esidential Services |
| Juvenile Services: | Outpatient Therapy; Co-Occurring 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 Evaluation | | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile W | | | | |
| 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 | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Adult Residential Service | Adult Non-Residentia | I Services Outpatien | |
| 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 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 a; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residentia vices Substance Abus Non-Residential Servic | l Services Outpatient e Evaluations; Juver ces Outpatient - Fam | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurrin | Outpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ent Assessment (Medicaid); Assessment: Mental Status Exam (MS | h; Intensive Outpatient | : Intensive Outpatie | |
| Other Services: | | | | | |

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 Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educatior Juvenile Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment | 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; Jur ndividual; Juvenile Non-Residential Services Outpatient - Co | ividual; Adult Non-Residentia ent Services Substance Abus venile Non-Residential Servic | I Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | Outpotiont Thereny including | |
| Juvenile Services. | | Dutpatient Therapy including Group Sessions-Mental Health; ag; Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient merapy including | Family Sessions- |
| 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 | I/SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Juvenile Services. | | | | |
| Other Services: | | | | |
| | | 3924 N 90th St Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Other Services: Williams, Ann | Ann's Couch Adult Assessment Services Substance Abuse E Individual; Adult Non-Residential Services Outpa | 3924 N 90th St Omaha NB 68134 valuations; Adult Non-Residential Services Outpatient - Fami atient - Co-Occurring Treatment; Juvenile Assessment Service le Non-Residential Services Outpatient - Individual; Juvenile | ily; Adult Non-Residential Ser | vices Outpatient - tions; Juvenile Non- |
| Other Services: Williams, Ann Substance Abuse Services: | Ann's Couch Adult Assessment Services Substance Abuse E Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juveni | valuations; Adult Non-Residential Services Outpatient - Fami atient - Co-Occurring Treatment; Juvenile Assessment Servic le Non-Residential Services Outpatient - Individual; Juvenile | ily; Adult Non-Residential Ser | vices Outpatient - tions; Juvenile Non- |
| Other Services: Williams, Ann Substance Abuse Services: Mental Health Services: | Ann's Couch Adult Assessment Services Substance Abuse E Individual; Adult Non-Residential Services Outpatient - Family; Juveni Treatment Outpatient Therapy; Pre-Treatment Assessment | valuations; Adult Non-Residential Services Outpatient - Fami atient - Co-Occurring Treatment; Juvenile Assessment Servic le Non-Residential Services Outpatient - Individual; Juvenile : (bio-psychosocial); Co-Occurring Dutpatient Therapy including Family Sessions-Mental Health; | ily; Adult Non-Residential Ser æs Substance Abuse Evalua Non-Residential Services Ou | vices Outpatient - tions; Juvenile Non- tpatient - Co-Occurrin |

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: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | | on-Residential Services Intervention/Education; Ad Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | | |
| Juvenile Services: | | ent Therapy includ | al Education Class; Outpatient Therapy - Individual- ing Family Sessions-Mental Health; Outpatient The Medicaid): Assessment: Co-Occurring | | |
| 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: | | rices Substance At | on-Residential Services Outpatient - Individual; Adu ouse Evaluations; Juvenile Non-Residential Service | | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Harris, JennaLee | OZ-Some Possibilities Counseling | 6150 Highway | 136 STE 1 Hebron NB 68370 | (402)853-3929 | |
| | 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 I ervices Substance uvenile Non-Reside o-Occurring Treatr | | dult Non-Residential | Services Outpatient |
| | Outpatient Therapy; Pre-Treatment Assessment | | 5 | | |
| Juvenile Services: | | | al Education Class; Outpatient Therapy - Individual- ing Family Sessions-Mental Health; Outpatient The | | |
| 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: Men | tal Status Exam (MSE); Assessment: Psychologica | I Evaluation; Asses | sment: Juvenile Who |
| 01.000 | | | | | |

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 | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: 0 | 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatien ental Health; Outpatient Therapy including Family Sessions-Mental Healt rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ement: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The | erapy - Youth Who ent: Intensive |
| 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 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: | Non-Treatment: Intensive Family Preservation; N | on-Treatment: Supervised Visitation; Outpatient Therapy - Individual- ient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; As SE): Assessment: Co-Occurring | Mental Health; Outp ssessment: Pre-Trea | atient Therapy Itment Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Springer, Jo | Spouse Abuse Sexual Assault Crisis Center, Inc | 220 S Burlington, Suite 4 Hastings NB 68901 | (402)463-5810 | |
| 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 | |
| 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-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |

| Name | Agency | Address | Phone | Fax |
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| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) | tpatient Therapy including | -amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| Substance Abuse Services: | | e Evaluations; Juvenile Non-Residential Services Outpatient - G | roups; Juvenile Non-Resid | ential Services |
| Mental Health Services: | Outpatient - Individual; Juvenile Non-Residential | Services Intensive Outpatient Treatment | | |
| 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-Occ | urring Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | enile Pre-Treatment Assessment (PTA); Pre-Treatment Assessr | ment (bio-psychosocial) | |
| Juvenile Services: | | Outpatient Therapy including Family Sessions-Mental Health; As Evaluation; Assessment: Mental Status Exam (MSE); Assessment | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 5 | lual; Adult Non-Residential al Services Intervention/Ed | Services Outpatien ucation; Juvenile |
| | | Dutpatient Therapy including Group Sessions-Mental Health; Ou | tpatient Therapy including | Family Sessions- |

| 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; Adult Non-Residential Services Outpatient - Individual; A Bervices Intensive Outpatient Treatment; Juvenile Assessment Servi Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (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 Assessment (| (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessr SE); Assessment: Psychological Evaluation | nent: Pre-Treatment | Assessment |
| 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 | SH); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); SE); Assessment: Psychological Evaluation; Assessment: Juvenile V | Assessment: Outpa | tient Psychiatric |

| 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 Outpatie Co-Occurring Treatment; Adult Non-Residential 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 ı; Juvenile Non-Residential Services Outpatient - Groups; Juve ndividual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential t Services Substance Abuse nile Non-Residential Service | Services Outpatient Evaluations; Juveni |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | Outpatient Therapy including Family Sessions-Mental Health; O | utpatient Therapy - Co-occu | ırring |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic | valuations; Adult Non-Residential Services Intervention/Educat es Outpatient - Groups; Adult Non-Residential Services Outpat ervices Outpatient - Co-Occurring Treatment; Adult Non-Reside | tient - Family; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | | | | |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |
| | | 630 N Cotner Blvd Suite 103 Lincoln NB 68505 | (402)440-5094 | |
| Other Services: Eberle, Jeremy | Sliding Fee Scale; Eberle Therapy Services PC Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Outpatient - Family; | () | rices Outpatient - |
| Other Services: Eberle, Jeremy Substance Abuse Services: | Sliding Fee Scale; Eberle Therapy Services PC | valuations; Adult Non-Residential Services Outpatient - Family; atient - Co-Occurring Treatment | () | vices Outpatient - |
| Other Services: Eberle, Jeremy Substance Abuse Services: | Sliding Fee Scale; Eberle Therapy Services PC Adult Assessment Services Substance Abuse Events Individual; Adult Non-Residential Services Outpatient Therapy; Pre-Treatment Assessment | valuations; Adult Non-Residential Services Outpatient - Family; atient - Co-Occurring Treatment | () | rices Outpatient - |
| Other Services: Eberle, Jeremy Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; Eberle Therapy Services PC Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpa Outpatient Therapy; Pre-Treatment Assessment | valuations; Adult Non-Residential Services Outpatient - Family; atient - Co-Occurring Treatment | () | vices Outpatient - |
| Other Services: Eberle, Jeremy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Sliding Fee Scale; Eberle Therapy Services PC Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpa Outpatient Therapy; Pre-Treatment Assessment | valuations; Adult Non-Residential Services Outpatient - Family; atient - Co-Occurring Treatment | () | vices Outpatient - |
| Other Services: Eberle, Jeremy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Giles, Nicholas | Sliding Fee Scale; Eberle Therapy Services PC Adult Assessment Services Substance Abuse Events Individual; Adult Non-Residential Services Outpatient Therapy; Pre-Treatment Assessment Counseling Affiliates of Nebraska Adult Assessment Services Substance Abuse Events Adult Assessment Services Substance Abuse Events | valuations; Adult Non-Residential Services Outpatient - Family; atient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring | (402)488-0077 ion; Adult Non-Residential Serv | (402)488-0017 Services Outpatient - |
| Other Services: Eberle, Jeremy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Giles, Nicholas Substance Abuse Services: | Sliding Fee Scale; Eberle Therapy Services PC Adult Assessment Services Substance Abuse Exindividual; Adult Non-Residential Services Outpatient Therapy; Pre-Treatment Assessment Counseling Affiliates of Nebraska Adult Assessment Services Substance Abuse Exigroups; Adult Non-Residential Services Outpatien Co-Occurring Treatment | valuations; Adult Non-Residential Services Outpatient - Family; atient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring 1550 S. 70th St., Ste. 101 Lincoln NB 68506 valuations; Adult Non-Residential Services Intervention/Educat | (402)488-0077 ion; Adult Non-Residential Serv | (402)488-0017 Services Outpatient - Services Outpatient |
| Other Services: Eberle, Jeremy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Giles, Nicholas Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; Eberle Therapy Services PC Adult Assessment Services Substance Abuse Event Individual; Adult Non-Residential Services Outpation Therapy; Pre-Treatment Assessment Counseling Affiliates of Nebraska Adult Assessment Services Substance Abuse Event Groups; Adult Non-Residential Services Outpation Adult Assessment Services Substance Abuse Event Groups; Adult Non-Residential Services Outpation Juvenile Pre-Treatment Assessment (PTA); Pre-Evaluation Outpatient Therapy - Individual-Mental Health; Omental Health; Outpatient Therapy - Youth Who Health; Intensive Outpatient | valuations; Adult Non-Residential Services Outpatient - Family; atient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring 1550 S. 70th St., Ste. 101 Lincoln NB 68506 valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Individ | (402)488-0077 ion; Adult Non-Residential Serv dual; Adult Non-Residential S dual; Adult Non-Residential lts who Sexually Harm Evalu utpatient Therapy including I Dutpatient: Intensive Outpati ensive Outpatient Therapy-0 | (402)488-0017 Services Outpatient Services Outpatient uation; Psychologica Family Sessions- ent Therapy-Mental Co-occurring; |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Gilfillan, Dameon | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| 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; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Bervices 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; Juvenile es Outpatient - Family; |
| Mental Health Services: | | | | |
| | Non-Treatment: General Education Class | | | |
| 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 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 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; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| 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 - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-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 So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | 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 Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | dult Non-Residential rices Intervention/Ec esidential Services (| Services Outpatient - lucation; Juvenile Outpatient - Individual; |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | t Therapy including | Family Sessions- |
| Other Services: | | | | |

| 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/Educat nt - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No o-Occurring Treatment | Occurring Treatment; Juven | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Status Exam (MSE); Assessment: Co-Oc | utpatient Therapy including Family Sessions-Mental Health; O curring | utpatient Therapy - Co-occu | rring; Assessment: |
| 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 | n | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psych | ological Evaluation; Assessr | ment: Juvenile Who |
| | 5 | | | |
| Other Services: | | | | |
| Other Services: Kelch, Tammy | | P.O. Box 264 Syracuse NB 68446 | (402)890-9957 | |
| Kelch, Tammy | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Educat nt - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No | ion; Adult Non-Residential S Occurring Treatment; Juven | ile Assessment |
| Kelch, Tammy Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Intervention/Educat nt - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No co-Occurring Treatment | ion; Adult Non-Residential S Occurring Treatment; Juven | ile Assessment |
| Kelch, Tammy Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | raluations; Adult Non-Residential Services Intervention/Educat nt - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No co-Occurring Treatment | ion; Adult Non-Residential S Occurring Treatment; Juven | ile Assessment |
| Kelch, Tammy Substance Abuse Services: Mental Health Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | raluations; Adult Non-Residential Services Intervention/Educat nt - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No co-Occurring Treatment | ion; Adult Non-Residential S Occurring Treatment; Juven | ile Assessment |
| Kelch, Tammy Substance Abuse Services: Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | raluations; Adult Non-Residential Services Intervention/Educat nt - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No co-Occurring Treatment | ion; Adult Non-Residential S Occurring Treatment; Juven on-Residential Services Outp | ile Assessment |
| Kelch, Tammy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Koch, Lori | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Stephen Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Substance Abuse Ev Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential | raluations; Adult Non-Residential Services Intervention/Educat nt - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No co-Occurring Treatment (bio-psychosocial); Co-Occurring | (402)715-5451 (402)715-5451 /MH; Adult Non-Residential S vices Dual Residential Services (402) /MH; Adult Non-Residential Servi vices Dual Residential (MH/ venile Non-Residential Servi - Family; Juvenile Non-Residential Servi | ile Assessment atient - Individual; (402)715-5452 Services Outpatient Services Outpatient SA); Adult ces Care Monitoring lential Services |
| Kelch, Tammy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Koch, Lori Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Stephen Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential Services Outpatie Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Educat tot - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No co-Occurring Treatment (bio-psychosocial); Co-Occurring 5217 S 28th St Omaha NB 68107 raluations; Adult Non-Residential Services Care Monitoring SA int - Family; Adult Non-Residential Services Outpatient - Indivis Services Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient Treatment; Adult Residential Services Outpatient - Indivis renile Assessment Services Substance Abuse Evaluations; Jur atient - Groups; Juvenile Non-Residential Services Outpatient Services Outpatient - Co-Occurring Treatment; Juvenile Non-F | (402)715-5451 (402)715-5451 /MH; Adult Non-Residential S vices Dual Residential Services (402) /MH; Adult Non-Residential Servi vices Dual Residential (MH/ venile Non-Residential Servi - Family; Juvenile Non-Residential Servi | ile Assessment atient - Individual; (402)715-5452 Services Outpatient Services Outpatient SA); Adult ces Care Monitoring lential Services |
| Kelch, Tammy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Koch, Lori Substance Abuse Services: Mental Health Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment Stephen Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Substance Abuse Ev Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment | raluations; Adult Non-Residential Services Intervention/Educat tot - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No co-Occurring Treatment (bio-psychosocial); Co-Occurring 5217 S 28th St Omaha NB 68107 raluations; Adult Non-Residential Services Care Monitoring SA int - Family; Adult Non-Residential Services Outpatient - Indivis Services Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient Treatment; Adult Residential Services Outpatient - Indivis renile Assessment Services Substance Abuse Evaluations; Jur atient - Groups; Juvenile Non-Residential Services Outpatient Services Outpatient - Co-Occurring Treatment; Juvenile Non-F | (402)715-5451 (402)715-5451 /MH; Adult Non-Residential S vices Dual Residential Services (402) /MH; Adult Non-Residential Servi vices Dual Residential (MH/ venile Non-Residential Servi - Family; Juvenile Non-Residential Servi | ile Assessment atient - Individual; (402)715-5452 Services Outpatient Services Outpatient SA); Adult ces Care Monitoring lential Services |

| Name | Agency | Address | Phone | Fax |
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| Korpor Joppifor | | 11414 W. Contor Dood Suite #200 Omobo ND 60144 | (402)620 2001 | |
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| | | aluations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: Juvenile Services: | Outpatient merapy | | | |
| 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 Partial Ca | aluations; Adult Non-Residential Services Outpatient - Groups; Adult are; Adult Non-Residential Services Outpatient - Individual; Adult Nor ices Intensive Outpatient Treatment; Adult Residential Services Dua Services Short Term Residential | n-Residential Service | es Outpatient - Co- |
| 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; Ac 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 |
| 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 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); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | Intensive Outpatient | Intensive Outpatient |
| Other Services: | | | | |

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|---|--|--|----------------------|----------------|--|--|
| Name | Agency | Address | Phone | Fax | | |
| 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 | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Care onitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services utpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | | | |
| 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; | | | | | |
| 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 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 Outpatier Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juve Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Fai Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intervente Outpatient Treatment | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | | |
| | Intensive Outpatient: Intensive Outpatient Therap | by-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 | | | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: 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; 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 Individual; Juvenile Non-Residential Services Outpatient - Co-Occur | ; Adult Non-Residential vices Substance Abus Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa ;; Assessment: Pre-Treatment Assessment (Medicaid) | tient Therapy including | Family Sessions- |
| 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; Ad ht - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Outpatient - Groups; Juvenile Non-Resi Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | urring Treatment; Juve dential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpa der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatme curring | | |
| | | | | |
| 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 | 3924 N 90th St 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; 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: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpa ent: Co-Occurring | tient Therapy - Co-occ | urring; Assessment: |
| 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 - Individual-Mental Health; 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

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 | | enile Assessment S | ervices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The th; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental I py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |

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: | | | | • |
| 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/Educat ces Outpatient - Groups; Adult Non-Residential Services Outpa ervices Outpatient - Co-Occurring Treatment; Adult Non-Reside | tient - Family; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| | Co-Occurring Treatment; Juvenile Assessment Residential Services Outpatient - Co-Occurring Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring Non-Treatment: Family Support Worker; Non-Tr Evening Reporting; Non-Treatment: Anger Man Outpatient Therapy including Group Sessions-M | Evaluations; Adult Non-Residential Services Outpatient - Individe Services Substance Abuse Evaluations; Juvenile Non-Residen Treatment sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- reatment: Supervised Visitation; Non-Treatment: Tutoring; Non- agement Class; Non-Treatment: General Education Class; Out Aental Health; Outpatient Therapy including Family Sessions-M apy-Mental Health; Assessment: Pre-Treatment Assessment (M | tial Services Outpatient - Ind Treatment Assessment (bio Treatment: Day Reporting; patient Therapy - Individual- ental Health; Outpatient The | dividual; Juvenile N -psychosocial); Co- Non-Treatment: Mental Health; erapy - Co-occurring |
| 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 | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|-------------------------|--|--|---------------------|----------------------|
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| | Family; Adult Non-Residential Services Outpatien 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 | | ervices Outpatient - |
| Williams, Ann | Ann's Couch | 3924 N 90th St Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| | 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 - Individual; Juvenile Non-Residential Services Outpatient - Co-Occur Treatment | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| 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 |
|---------------------------|---|---|--------------------------------|------------------|
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dell, Rodney | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 (| 402)462-2048 |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Outpatient - Individu rvices Substance Abuse Evaluations; Juvenile Non-Residential \$ ment | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servi | Evaluations; Adult Non-Residential Services Intervention/Educatices Outpatient - Groups; Adult Non-Residential Services Outpatiervices Outpatient - Co-Occurring Treatment; Adult Non-Resider | ient - Family; Adult Non-Resid | dential 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); | Adults who Sexually Harm Evaluation; Psychological Evaluation | l | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment | n; Assessment: Mental Status Exam (MSE); Assessment: Psycho | ological Evaluation; Assessm | ent: Juvenile W |
| 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: | | | |

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 | |
| 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 Abuse venile Non-Residential Service | Services Outpatient Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | outpatient Therapy including Group Sessions-Mental Health; g; Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| 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) | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Mental Health Services: | Fre-freatment Assessment (bio-psychosocial) | | | |
| Mental Health Services: Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | 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/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- | idual; Adult Non-Residential ht Services Substance Abus enile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; C g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu ISE): Assessment: Co-Occurring | | |
| 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 | |
| | 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 Outpatient - Co-Occurring Treatment; Juvenile Assessi ducation; Juvenile Non-Residential Services Care Monitoring ervices Outpatient - Family; Juvenile Non-Residential Service | ment Services Substance Al SA/MH; Juvenile Non-Resid | ouse Evaluations; dential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; C rder | Outpatient Therapy including | Family Sessions- |
| 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; | | | |
| 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 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; Juven ndividual; Juvenile Non-Residential Services Outpatient - Co- | idual; Adult Non-Residential ht Services Substance Abus enile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | | <i>a</i> | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; C | | |

| 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 | | |
| | dult 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- tesidential 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 | | | | | |
| | tratient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth no Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; sessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring | | | | | |
| 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; Adunt - 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 Abus n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | J, Assessment. Fre-freatment Assessment (weucaid), Assessment. | Co-Occurring | |
| 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-Occurri 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 | 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 | Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | g Treatment ion (308)293-0954 | |
| 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 | dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati 5404 Ave I Kearney NB 68847 | g Treatment ion (308)293-0954 | |
| 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 | dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati 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 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 | dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati 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: | 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 | dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati 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 Evaluati 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 ins (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 Evaluation 5404 Ave I Kearney NB 68847 raluations; Juvenile Assessment Services Substance Abuse Evaluation Co-Occurring; Adults who Sexually Harm Evaluation 710 Burlington Holdrege NB 68949 raluations; Adult Non-Residential Services Intervention/Education; Adult r - Individual; Adult Non-Residential Services Outpatient - Co-Occurring | g Treatment ion (308)293-0954 ins (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 Evaluation 5404 Ave I Kearney NB 68847 raluations; Juvenile Assessment Services Substance Abuse Evaluation Co-Occurring; Adults who Sexually Harm Evaluation 710 Burlington Holdrege NB 68949 raluations; Adult Non-Residential Services Intervention/Education; Adult r - Individual; Adult Non-Residential Services Outpatient - Co-Occurring | g Treatment ion (308)293-0954 ins (308)995-6691 ult Non-Residential 3 | (308)233-5216 (855)995-6830 |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|---------------------|
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (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 Treatment | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ices Substance Abuse Evaluations; Juvenile Non-Residential Service ent | | |
| EagleFeather Moreno, | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| Mental Health Services: Juvenile Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Intensive Outpatient Tr ment 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 |
| 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 |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | |
| Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien Pre-Treatment Assessment (Medicaid); Assessment: Mental Status B o-Occurring | | |
| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; 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- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat utpatient Therapy including Family Sessions-Mental Health; Outpatie | | urring; |

| Name | Agency | Address | Phone | Fax |
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| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: 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: Psycholog | ical 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; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Menta apy including Family Sessions-Mental Health; Outpatient Therapy - ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpati aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foste | Eating Disorder; Outpa ent Therapy-Youth Wh | atient Therapy - Co- no Sexually Harm; |
| 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; | 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 I 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: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| 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 | aluations; Adult Non-Residential Services Outpatient - tt - Individual; Adult Non-Residential Services Outpatie e Assessment Services Substance Abuse Evaluations amily; Juvenile Non-Residential Services Outpatient - al Services Intensive Outpatient Treatment | ent - Co-Occurring Treatment; Adul ; Juvenile Non-Residential Service | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental He g; Assessment: Pre-Treatment Assessment (Medicaid) | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | - | |
| Snyder, Margaret H | Kearney Counseling Associates | 2811 30th Ave. Kearney NB 68845 | (308)237-6865 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - tient - Co-Occurring Treatment | Family; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | | g in the | | |
| 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; | aluations; Adult Non-Residential Services Intervention nt - Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenile Asso Juvenile Non-Residential Services Outpatient - Group dividual; Juvenile Non-Residential Services Outpatien | Individual; Adult Non-Residential essment Services Substance Abus ps; Juvenile Non-Residential Service | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental He | alth: Outpatient Therapy including | Family Sessions- |
| | | ; Assessment: Pre-Treatment Assessment (Medicaid) | | Family Sessions- |
| Other Services. | Sliding Fee Scale; | | | |
| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| | Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpa Services Intensive Outpatient Treatment | atient - Groups; Juvenile Non-Resid | lential Services |
| Mental Health Services: | | | | |
| 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

| 4 | 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 | aluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua ervices Substance Abuse Evaluations; Juvenile Non-Residential H; Juvenile Non-Residential Services Outpatient - Groups; Juveni tient - Individual | al; Adult Non-Residential Services Intervention/Ec | Services Outpatient lucation; Juvenile | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | atient Therapy; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | | | |
| Other Services: | | | | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | | | |
| | 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 nt - Family; Adult Non-Residential Services Outpatient - Individua ervices Substance Abuse Evaluations; Juvenile Non-Residential uvenile Non-Residential Services Outpatient - Family; Juvenile Nor- | al; Adult Non-Residential Services Intervention/Ec | Services Outpatient lucation; Juvenile | | |
| | Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | 6 | | Jutpatient - Individua | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outp | atient Therapy including | · | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outp | atient Therapy including | · | | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outp | atient Therapy including (402)483-6990 | · | | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Co-Occurring | | Family Sessions- | | |
| Mental Health Services: Juvenile Services: Other Services: Zlomke, Leland Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Nebraska Mental Health Centers | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outp ; Assessment: Co-Occurring 4545 S 86th St Lincoln NB 68520 essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (N | (402)483-6990 | Family Sessions- (402)483-7045 | | |

Other Services:

| Name | Δαορογ | Address | Phone | Fax |
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| INAILIE | Agency | Address | FIIOIle | Γαλ |
| 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 Services Intensive Outpatient Treatment; Adult Residential Services D | ult 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 Outpatient - Individual; Juvenile Non-Resolution 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-Occurri esidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juver vices Outpatient - Groups; Juvenile Non-Residential Services Outpati esidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor | on-Residential Servi ng Treatment; Adul ces Short Term Res ile Non-Residential ent - Family; Juveni | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy including Family Sessions-Me Intensive Outpatient Therapy-Mental Health; Inter (Medicaid); Assessment: Co-Occurring | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess | y - Co-occurring; In | tensive 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 | l Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Co-occurring; Assessment: | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Pre-Treatment Assessment (Medicaid) | Joing Family Sessio | ons-iviental 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 | | |
|---------------------------|---|---|-------------------------------|---------------------|--|--|
| 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/Educati nt - Family; Adult Non-Residential Services Outpatient - Indivic rvices Intervention/Education; Juvenile Non-Residential Service dential Services Outpatient - Individual | lual; Juvenile Assessment S | ervices Substance | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | tient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Ou | tpatient Therapy - Eating Dis | sorder; Assessmer | | |
| 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 | | | |
| Mental Health Services: | Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juver ndividual; Juvenile Non-Residential Services Outpatient - Co-O | nile Non-Residential Services | s Outpatient - Fami | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Outpatie | ent Therapy - Individual-Mental Health; Intensive Outpatient: In | tensive Outpatient Therapy-N | 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: | | utpatient Therapy including Group Sessions-Mental Health; Ou yy-Youth Who Sexually Harm; Assessment: Pre-Treatment Ass lv Harm Risk Assessment | | | | |
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Ou Health; Assessment: Pre-Treatment Assessment (Medicaid); A | | | | |
| Other Services: | Sliding Fee Scale: | | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax | | |
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| | | | (400)070 0000 | | | |
| 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: | | | | | | |
| | Non-Treatment: Family Support Worker; Commun | nity Treatment Aide | | | | |
| 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 | tpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | atment: Intensive Family Preservation; Non-Treatment: Supervised V Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; ting Disorder; Assessment: Pre-Treatment Assessment (Medicaid); A | Outpatient Therapy | including Family | | |
| 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- | | |
| Other Services: | Mental Health; Outpatient Therapy - Eating Disor | der | | | | |
| | | | (400)074 0044 | | | |
| Gadeken, Angela | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | | | |
| | | aluations; Juvenile Assessment Services Substance Abuse Evaluatio | ns | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclu Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (M | | | | |
| Other Services: | Ĵ. | | | | | |

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-Resups; Adult Non-Residential Services Outpatient - Family; Adult Nor Occurring Treatment; Adult Non-Residential Services Intensive Ou ervices Substance Abuse Evaluations; Juvenile Non-Residential Se le Non-Residential Services Outpatient - Family; Juvenile Non-Re- so-Occurring Treatment; Juvenile Non-Residential Services Intensive | n-Residential Services O tpatient Treatment; Adult ervices Intervention/Educ sidential Services Outpa | utpatient - Individual Residential Service cation; Juvenile Non tient - Individual; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-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 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individua Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Family; Juvenile Non- co-Occurring Treatment | l; Adult Non-Residential e Abuse Evaluations; Ju | Services Intensive venile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | | |
| 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); P | sychological Evaluation | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpa Sexually Harm; Outpatient Therapy - Eating Disorder; Assessmen sment: Psychological Evaluation; Assessment: Juvenile Who Sexu | t: Pre-Treatment Assess | ment (Medicaid); |
| | | | | |

Other Services: Sliding Fee Scale;

| 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 Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | patient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: Other Services: | Individual-Mental Health; Outpatient Therapy incl | on-Treatment: Anger Management Class; Non-Treatment: General E uding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intens aid); Assessment: Co-Occurring | amily Sessions-Mer | ntal Health; Outpatient | | |
| Maximu la anviatura | | | (400)000 4044 | (400)000 4040 | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 | | |
| Substance Abuse Services: | | | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Dut-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co- iccurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Issessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster Care (Relative/Kinship) | | | | |
| 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: | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivi ient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy | | |
| 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: | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual- Family Sessions-Mental Health; Outpatient Thera | atment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Mar Mental Health; Outpatient Therapy including Group Sessions-Mental upy - Eating Disorder; Community Treatment Aide; Intensive Outpatie - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); | hagement Class; No Health; Outpatient nt: Intensive Outpati | n-Treatment: General Therapy including ent 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 |
|---|--|--|--|---|
| Other Services: | Contracted Services: Tracker; Contracted Service Bilingual Services; | es: Electronic Monitoring | | |
| 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 | i reatment; Adult Residen | iai 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: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder | including Group Session | s-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 | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individua Short Term Residential; Juvenile Assessment Services Substand nile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Intensive Outpatient | al; Adult Non-Residential S ce Abuse Evaluations; Juv I-Residential Services Out | Services Intensive venile Non- tpatient - Family; |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpa ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurrin | | |
| Other Comission | | | | |

Other Services:

| 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; Ac Treatment; Adult Non-Residential Services Inten 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; | dential Services Outp sidential; Juvenile A vices Outpatient - Fa | eatient - Co-Occurring ssessment Services mily; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A ISE); Assessment: Psychological Evaluation; Assessment: Co-Occurr | ssessment: Pre-Tre | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy: Mental Health Intensive Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog | ical Evaluation | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | | Disorder: Outpatient |
| Suvernie Services. | | nent Assessment (Medicaid); Assessment: Mental Status Exam (MSI | | |
| Other Services: | Assessment: Juvenile Who Sexually Harm Risk | Assessment | | - |
| 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; Ac 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 on-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| 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; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio.psychosocial): Co-Occurring: Adults who Servially Harm Evaluat | Abuse Evaluations; | Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatien | | ramily Sessions- |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | ssessment: Pre-Treatment Assessment (Medicaid); Assessment: Me Who Sexually Harm Risk Assessment; Assessment: Co-Occurring | ental Status Exam (N | /ISE); Assessment: |
| 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 | ts who Sexually Harr | n Evaluation |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Community Treatment Aide; Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatien ssment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| | | nt - Family; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Out vices Intervention/Education; Juvenile Non-Residential Services Out nent: Pre-Treatment Assessment (Medicaid) | | |
| 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; Ad ht - 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 (hio-psychosocial): Co-Occurring | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient And And And And And And And And And And | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| 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; Ad s Outpatient - Groups; Adult Non-Residential Services Outpatient - F 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; ial 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 |
|---------------------------|---|---|---------------------|---------------------|
| 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: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Co-Occurring | | |
| 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 Asse psychosocial); Adults who Sexually Harm Evalua | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion | H); Pre-Treatment A | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclu Community Treatment Aide; Intensive Outpatient: Intensive Outpatier aid); Assessment: Juvenile Who Sexually Harm Risk Assessment | | |

Other Services: Sliding Fee Scale; Hearing Impaired;

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|--|---|---|
| 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 | t Non-Residential Se | rvices Outpatient - |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: Other 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; 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: | 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-Residential Services Outpatient Treatment | 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 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 Nor- | on-Residential Servi- ring Treatment; Adult vices Short Term Res nile Non-Residential tient - Family; Juvenil | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment | | na Casur Cassiana I | |
| Juvenine Services. | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess | py - Co-occurring; In | tensive 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 | 1 | uvenile Assessment | Services Substance |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy - Eating [| Disorder; Assessmen |

| 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 | 2- (308)455-1400 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; C | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial); Co-Occurring Dutpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | al; Adult Non-Residentia atient Therapy including | l Services Outpatient |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpation Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - O Outpatient Therapy; Pre-Treatment Assessment Assessment: Pre-Treatment Assessment (Medic | 0 | al; Adult Non-Residentia Services Intervention/E on-Residential Services | I Services Outpatient ducation; Juvenile |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |

| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessr | | |
| 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 | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | Irring; Assessment: |
| Other Services: | | | | |
| Colegrove, Jill | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 |
| | | | | |
| Other Services: | | | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Assessment: Pre-Treatment Assessment (Medicaid) | uding Group Sessior | ns-Mental Health; |
| Other Services: | Bilingual Services; | | | |

| 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 | | atient - Individual; Adult Non- esidential Services Short Ter Education; Juvenile Non-Res | Residential Services m Residential; sidential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; C | Dutpatient Therapy - Co-occu | ırring; Assessment: |
| 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 - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; O rder | Outpatient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Clasinger Keyle | Behavioral Health Specialist/Seekers of | | (| |
| Glesinger, Kayla | Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Serenity Adult Emergency Services Social Detox; Adult A Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juveni | 900 W Norrolk Ave Ste 200 Norrolk NB 68701 ssessment Services Substance Abuse Evaluations; Adult Non ups; Adult Non-Residential Services Outpatient - Family; Adult Dccurring Treatment; Adult Non-Residential Services Intensive ervices Substance Abuse Evaluations; Juvenile Non-Residenti ile Non-Residential Services Outpatient - Family; Juvenile Nor Co-Occurring Treatment; Juvenile Non-Residential Services Intensive | n-Residential Services Interve t Non-Residential Services O e Outpatient Treatment; Adul ial Services Intervention/Edu n-Residential Services Outpa | outpatient - Individual It Residential Service cation; Juvenile Non- itient - Individual; |
| Substance Abuse Services: | Serenity Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juveni Juvenile Non-Residential Services Outpatient - C | 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-Residential le Non-Residential Services Outpatient - Family; Juvenile Nor Co-Occurring Treatment; Juvenile Non-Residential Services Intensive | n-Residential Services Interve t Non-Residential Services O e Outpatient Treatment; Adul ial Services Intervention/Edu n-Residential Services Outpa | outpatient - Individual It Residential Service cation; Juvenile Non itient - Individual; |
| Substance Abuse Services: Mental Health Services: | Serenity Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - O Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | 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-Residential le Non-Residential Services Outpatient - Family; Juvenile Nor Co-Occurring Treatment; Juvenile Non-Residential Services Intensive | n-Residential Services Interve t Non-Residential Services O e Outpatient Treatment; Adul ial Services Intervention/Edu n-Residential Services Outpa tensive Outpatient Treatmen Dutpatient Therapy including I | outpatient - Individual It Residential Service cation; Juvenile Non- titent - Individual; t Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Serenity Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - O Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | 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-Residential Non-Residential Services Outpatient - Family; Juvenile Nor Co-Occurring Treatment; Juvenile Non-Residential Services Intensive (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O | n-Residential Services Interve t Non-Residential Services O e Outpatient Treatment; Adul ial Services Intervention/Edu n-Residential Services Outpa tensive Outpatient Treatmen Dutpatient Therapy including I | outpatient - Individual It Residential Service cation; Juvenile Non titent - Individual; t Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Serenity Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - Co-O Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | 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-Residential Non-Residential Services Outpatient - Family; Juvenile Nor Co-Occurring Treatment; Juvenile Non-Residential Services Intensive (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O | n-Residential Services Interve t Non-Residential Services O e Outpatient Treatment; Adul ial Services Intervention/Edu n-Residential Services Outpa tensive Outpatient Treatmen Dutpatient Therapy including I | outpatient - Individual It Residential Service cation; Juvenile Non- titent - Individual; t Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Griffin, Melissa Substance Abuse Services: | Serenity Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - Co-O Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Meadows Behavioral Health INC. Adult Assessment Services Substance Abuse Ex- Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenil Occurring Treatment | 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-Residential Non-Residential Services Outpatient - Family; Juvenile Nor- Co-Occurring Treatment; Juvenile Non-Residential Services Intensive (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu 3314 26th St, Ste A Columbus NB 68601 valuations; Adult Non-Residential Services Outpatient - Group nt - Individual; Adult Non-Residential Services Outpatient - Co le Non-Residential Services Outpatient - Individual; Juvenile N | h-Residential Services Intervet t Non-Residential Services O e Outpatient Treatment; Adult ial Services Intervention/Edu h-Residential Services Outpat tensive Outpatient Treatmen Outpatient Therapy including I urring; Assessment: Co-Occur (402)564-9888 s; Adult Non-Residential Ser o-Occurring Treatment; Adult | tripatient - Individua t Residential Service cation; Juvenile Non titent - Individual; t Family Sessions- irring (402)564-9899 vices Outpatient - Non-Residential |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Griffin, Melissa Substance Abuse Services: | Serenity Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-O Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juveni Juvenile Non-Residential Services Outpatient - Co-O Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Meadows Behavioral Health INC. Adult Assessment Services Substance Abuse Ex- Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenil | 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-Residential Non-Residential Services Outpatient - Family; Juvenile Nor- Co-Occurring Treatment; Juvenile Non-Residential Services Intensive (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; O g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu 3314 26th St, Ste A Columbus NB 68601 valuations; Adult Non-Residential Services Outpatient - Group nt - Individual; Adult Non-Residential Services Outpatient - Co le Non-Residential Services Outpatient - Individual; Juvenile N | h-Residential Services Intervet t Non-Residential Services O e Outpatient Treatment; Adult ial Services Intervention/Edu h-Residential Services Outpat tensive Outpatient Treatmen Outpatient Therapy including I urring; Assessment: Co-Occur (402)564-9888 s; Adult Non-Residential Ser o-Occurring Treatment; Adult | terre partient - Individual transidential Service cation; Juvenile Non titent - Individual; t Family Sessions- irring (402)564-9899 vices Outpatient - Non-Residential |

| Name | Agency | Address | Phone | Fax |
|---|---|--|--|--|
| 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 | | ; Adult Non-Residential e Abuse Evaluations; Ju | Services Intensive venile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Group Sessions-Mental Health; Outpat ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | | |
| 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 | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation Assessment: Mental Status Exam (MSE); Assessment: Psycholog | ical Evaluation; Assess | ment: Juvenile Who |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | | ical Evaluation; Assess | ment: Juvenile Who |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | | ical Evaluation; Assess (402)685-4130 | ment: Juvenile Who (402)685-4132 |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC | Assessment: Mental Status Exam (MSE); Assessment: Psycholog | | |
| Mental Health Services: Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC | Assessment: Mental Status Exam (MSE); Assessment: Psycholog | (402)685-4130 | |
| Mental Health Services: Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Youth Who S | Assessment: Mental Status Exam (MSE); Assessment: Psycholog 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 ychological Evaluation tient Therapy including : Pre-Treatment Assess | (402)685-4132 Family Sessions- sment (Medicaid); |
| Mental Health Services: Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Youth Who S | Assessment: Mental Status Exam (MSE); Assessment: Psycholog 408 N Oakland Ave Oakland NB 68045 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Ps utpatient Therapy including Group Sessions-Mental Health; Outpat Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment | (402)685-4130 ychological Evaluation tient Therapy including : Pre-Treatment Assess | (402)685-4132 Family Sessions- sment (Medicaid); |
| Mental Health Services: Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Assessment: Mental Status Exam (MSE); Assess | Assessment: Mental Status Exam (MSE); Assessment: Psycholog 408 N Oakland Ave Oakland NB 68045 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Ps utpatient Therapy including Group Sessions-Mental Health; Outpat Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment | (402)685-4130 ychological Evaluation tient Therapy including : Pre-Treatment Assess | (402)685-4132 Family Sessions- sment (Medicaid); |
| Mental Health Services: Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Assessment: Mental Status Exam (MSE); Assess Sliding Fee Scale; Mid-Plains Center for Behavioral Healthcare Inc | Assessment: Mental Status Exam (MSE); Assessment: Psycholog 408 N Oakland Ave Oakland NB 68045 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Ps utpatient Therapy including Group Sessions-Mental Health; Outpat Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment sment: Psychological Evaluation; Assessment: Juvenile Who Sexu | (402)685-4130 ychological Evaluation tient Therapy including : Pre-Treatment Assess ally Harm Risk Assessr | (402)685-4132 Family Sessions- sment (Medicaid); |
| Mental Health Services: Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Assessment: Mental Status Exam (MSE); Assess Sliding Fee Scale; Mid-Plains Center for Behavioral Healthcare Inc | Assessment: Mental Status Exam (MSE); Assessment: Psycholog 408 N Oakland Ave Oakland NB 68045 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Ps utpatient Therapy including Group Sessions-Mental Health; Outpat Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment sment: Psychological Evaluation; Assessment: Juvenile Who Sexu | (402)685-4130 ychological Evaluation tient Therapy including : Pre-Treatment Assess ally Harm Risk Assessr | (402)685-4132 Family Sessions- sment (Medicaid); |
| Mental Health Services: Juvenile Services: Other Services: Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Keezer, Chad Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); A Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment Northeast Nebraska Psychological Services, PC Outpatient Therapy; Juvenile Pre-Treatment Asse Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Assessment: Mental Status Exam (MSE); Assess Sliding Fee Scale; Mid-Plains Center for Behavioral Healthcare Inc Outpatient Therapy | Assessment: Mental Status Exam (MSE); Assessment: Psycholog 408 N Oakland Ave Oakland NB 68045 essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Ps utpatient Therapy including Group Sessions-Mental Health; Outpat Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment sment: Psychological Evaluation; Assessment: Juvenile Who Sexu | (402)685-4130 ychological Evaluation tient Therapy including : Pre-Treatment Assess ally Harm Risk Assessr | (402)685-4132 Family Sessions- sment (Medicaid); |

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 nt - 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-Residen | dult Non-Residential Dual Residential (MH Non-Residential Serv y; Juvenile Non-Res | Services Outpatier I/SA); Adult vices Care Monitori 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: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental I apy including Family Sessions-Mental Health; Outpatient Therapy - Ea tent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co no Sexually Harm; |
| 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: | | Ion-Treatment: Anger Management Class; Outpatient Therapy - Indiv ient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therap |
| Other Services: | | | | |

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: | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | atment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Mar Mental Health; Outpatient Therapy including Group Sessions-Mental upy - Eating Disorder; Community Treatment Aide; Intensive Outpatie - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | hagement Class; Nor Health; Outpatient T nt: Intensive Outpatie -Co-occurring; Asse | n-Treatment: General Therapy including ent Therapy-Mental ssment: Pre- |
| Other Services: | Bilingual Services; | | | |
| Muhle, Mindy | Embark Counseling LLC | 3154 18th Ave Suite 7 Columbus NB 68601 | (402)942-9005 | |
| 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: | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | Occurring | | | |
| 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: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Olson, Elissa | | 1367 33rd Ave Columbus NB 68601 | (402)942-1679 | |
| | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensiv Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ tus Exam (MSE); Assessment: Co-Occurring | e Outpatient Therap | y-Mental Health; |

| Name | Agency | Address | Phone | Fax |
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| 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; | | | |
| 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 | Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Treatment; Adult Residential Services Short Term Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial); Co-Occurring; Psychological Evaluation | dential Services Out esidential; Juvenile A vices Outpatient - Fa | batient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | : Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin | Dutpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; /ISE); Assessment: Psychological Evaluation; Assessment: Co-Occu | Assessment: Pre-Tre | |
| Other Services: | Sliding Fee Scale; | | 9 | |
| 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 | : | | | |
| Sample, Jessica | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)835-9116 | |
| | | | | |
| Substance Abuse Services | | | | |
| | - | | | |
| Substance Abuse Services | Outpatient Therapy | | | |

| 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 Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psychol | ogical Evaluation | |
| Juvenile Services: | Therapy - Co-occurring; Assessment: Pre-Treatm | utpatient Therapy including Family Sessions-Mental Health; Outpa nent Assessment (Medicaid); Assessment: Mental Status Exam (M | | |
| Other Services: | Assessment: Juvenile Who Sexually Harm Risk A | Assessment | | |
| 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 | 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-Residential ervices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eval | uation | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy i Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-oc atus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk | curring; Assessment: F | |
| 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; 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-Occu | Adult Non-Residential vices Substance Abus Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Assessment: Pre-Treatment Assessment (Medicaid) | ient Therapy including | Family Sessions- |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; tient - Co-Occurring Treatment | Adult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpa | iont Thoropy including | Family Sassiana |
| Juvenile Services: | Mental Health | upatient merapy including Group Sessions-Mental Health, Outpa | lent merapy including | Family Sessions- |

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| Name | Agency | Address | Phone | Fax |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual | valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; Ju rvices Intervention/Education; Juvenile Non-Residential Services Out | uvenile Assessment Se | rvices Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| | Non-Treatment: Family Support Worker; Assessr | ment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I t Residential Services Short Term Residential; Juvenile Assessment S ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - Co pent | dult Non-Residential So Dual Residential (MH/S Services Substance Ab venile Non-Residential | ervices Outpatient - A); Adult use Evaluations; Services Outpatien |
| Juvenile 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: | | | | |
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| Name | Agency | Address | Phone | Fax | | |
|---------------------------|--|--|---|---|--|--|
| 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 is 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 At /enile Non-Resident | esidential Services buse Evaluations; ial Services Outpatient | | |
| 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: | Non-Treatment: Anger Management Class; Non- | Freatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The Co-Occurring | | | | |
| 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 | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | | | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juver | Dutpatient Therapy; Medication Evaluation; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Medication Management | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (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 vices Intervention/Ec | Services Outpatient - lucation; Juvenile | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Assessment: Co-Occurring | nt Therapy including | Family Sessions- | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Wilson, Larry | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 | | |
| | Family; Adult Non-Residential Services Outpatien | | ing Treatment; Juve | nile Assessment | | |
| | Outpatient Therapy including Family Sessions-Me | | | | | |
| 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 |
|----------------------|--------------------------------|---|---------------|-----|
| Wingate, Heather | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Serv | vices: | | | |
| Montal Health San | vices: Outpatient Therapy | | | |

Mental Health Services: Outpatient Therapy

Juvenile Services:

Other Services:

| 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 Outpatier | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | Services Outpatient - |
| | Outpatient Therapy; Co-Occurring | | | |
| | Outpatient: Intensive Outpatient Therapy-Mental | utpatient Therapy including Family Sessions-Mental Health; Outpa Health; Assessment: Mental Status Exam (MSE) | tient Therapy - Eating | Disorder; Intensive |
| 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 Services Intervention/E | Services Outpatient - ducation; Juvenile |
| | | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-O | ccurring | |
| Other Services: | | | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy i ental Health; Assessment: Pre-Treatment Assessment (Medicaid) | ncluding Group Sessio | ns-Mental Health; |
| 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 - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpa der | tient Therapy including | Family Sessions- |
| 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: Psycholog | gical Evaluation; Asses | sment: 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-Treatmen | t: 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 |
| Juvenile Services: | Occurring Treatment; Adult Non-Residential Se Services Extended Residential; Adult Resident Outpatient Therapy; Pre-Treatment Assessment | | | |
| 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: | Outpatient Therapy including Group Sessions- Sexually Harm; Outpatient Therapy - Eating Di Outpatient Therapy-Youth Who Sexually Harm | n-Treatment: Juvenile Offender/Victim and Conflict Mediation; C Mental Health; Outpatient Therapy including Family Sessions-M sorder; Intensive Outpatient: Intensive Outpatient Therapy-Ment ; Intensive Outpatient: Intensive Outpatient- Eating Disorder; As assment: Juvenile Who Sexually Harm Risk Assessment | lental Health; Outpatient The tail Health; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Lowery, Angel | All Communities Outreach Services DBA TRAC Reentry Services | 7608 S 25th Street Bellevue NB 68147 | (402)257-1122 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| McNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (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; 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 Abus n-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| 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 | 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 es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Assessment: Pre-Treatment Assessment (Medicaid) | It Therapy including | Family Sessions- |
| 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 (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | t Therapy including | Family Sessions- ient Therapy-Youth |
| 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: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| 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 Ser ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co- | amily; Adult Non-Re rvices Substance Al venile Non-Resident | esidential Services ouse Evaluations; ial Services Outpatient |
| 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: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Co-Occurring | | |
| 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 | 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 (b | oio-psychosocial) | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessm Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Me | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 5 | dult Non-Residentia | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatien ;; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |

Registered Service Providers for County: Red Willow

| 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 Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educent - Family; Adult Non-Residential Services Outpatient - Inc Services Intensive Outpatient Treatment; Juvenile Assessmu; Juvenile Non-Residential Services Outpatient - Groups; Jundividual; Juvenile Non-Residential Services Outpatient - Co | dividual; Adult Non-Residential S ent Services Substance Abuse I uvenile Non-Residential Services | ervices Outpatient - Evaluations; Juvenil Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; g; Intensive Outpatient: Intensive Outpatient Therapy-Menta | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | 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/Educent - Family; Adult Non-Residential Services Outpatient - Inc 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 I uvenile Non-Residential Services | ervices Outpatient - Evaluations; Juvenil Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Health; g; Intensive Outpatient: Intensive Outpatient Therapy-Co-oc ISE): Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | ioc), Addisonani. Oo Coodining | | |
| 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 | | | |
| Juvenile Services: | | patient Therapy - Individual-Mental Health; Outpatient Thera lental Health; Outpatient Therapy - Eating Disorder; Day Tre nent: Mental Status Exam (MSE) | | |
| 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 Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Educes Outpatient - Groups; Adult Non-Residential Services Out rvices Outpatient - Co-Occurring Treatment; Juvenile Asses Education; Juvenile Non-Residential Services Care Monitorir ervices Outpatient - Family; Juvenile Non-Residential Service (hio-psychosocial) | patient - Family; Adult Non-Resi ssment Services Substance Abu ng SA/MH; Juvenile Non-Reside | idential Services se Evaluations; ntial Services |

Registered Service Providers for County: Red Willow

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| | Mental Health; Outpatient Therapy - Eating Dis | Outpatient Therapy including Group Sessions-Mental Health; order | Outpatient Therapy including | Family Sessions- |
| 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 | t: General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 Outpati Services Intensive Outpatient Treatment; Juver | Evaluations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Outpatient - C hile Assessment Services Substance Abuse Evaluations; Juve Family; Juvenile Non-Residential Services Outpatient - Indivi- ntial Services Intensive Outpatient Treatment | Co-Occurring Treatment; Adult enile Non-Residential Services | Non-Residential Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmer | nt (bio-psychosocial) | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; ng: Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including | Family Sessions- |
| 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 E Evaluations | Evaluations; Adult Residential Services Therapeutic Commun | ity; Juvenile Assessment Serv | ices Substance Abus |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asse | essment: Pre-Treatment Assessment (Medicaid); Assessment | t: Co-Occurring | |
| 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 Outpat Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | Evaluations; Adult Non-Residential Services Intervention/Educ tient - Family; Adult Non-Residential Services Outpatient - Ind I Services Intensive Outpatient Treatment; Juvenile Assessm n; Juvenile Non-Residential Services Outpatient - Groups; Ju Individual; Juvenile Non-Residential Services Outpatient - Co | ividual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Service | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy; Pre-Treatment Assessmer | t (his novehososial) | | |
| Mental Health Services: | Outpatient merapy, Fie-meatment Assessmer | it (bio-psychosocial) | | |
| | Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy including Group Sessions-Mental Health; ng; Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including | Family Sessions- |

Registered Service Providers for County: Red Willow

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|---|--|---|--|
| 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; Juven | valuations; Adult Non-Residential Services Outpatient - Groups; Adu sive Outpatient Treatment; Juvenile Assessment Services Substance ile Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | Abuse Evaluations; | Juvenile Non- | |
| | Dutpatient Therapy - Individual-Mental Health; 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-Yout Vho Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Issessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; | , | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (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; , Services Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- Co-Occurring Treatment | Adult Non-Residential ervices Intervention/Ec | Services Outpatient ducation; Juvenile | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Co-occurrin | Dutpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Co-Occurring | ent Therapy including | Family Sessions- | |
| Other Services: | Sliding Fee Scale; | | | | |

Registered Service Providers for County: Richardson

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 |
|---------------------------|---|---|--------------------------|--------------------|
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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 |
| | Outpatient Treatment; Juvenile Assessment Ser Residential Services Intensive Outpatient Treatm | valuations; Adult Non-Residential Services Outpatient - Individual; vices Substance Abuse Evaluations; Juvenile Non-Residential Ser nent | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Education; ces Outpatient - Groups; Adult Non-Residential Services Outpatient ervices Outpatient - Co-Occurring Treatment; Adult Non-Residentia | - Family; Adult Non-Re | sidential 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); | 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; Assess | ment: Juvenile W |
| 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 | | | |

Other Services: Sliding Fee Scale;

Registered Service Providers for County: Richardson

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; | 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 adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial) | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| 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) | | |
| 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; A nt - 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; | | | |
| Brooks, Cristy | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)340-0022 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy in | cluding Family Sessio | ns-Mental Health |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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; A 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: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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 | | |
| 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; Ant - 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); Co-Occurring | Adult Non-Residential vices Substance Abuse lon-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |

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|---------------------------|--|---|--|--|
| Name | Agency | Address | Phone | Fax |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy incl | Ion-Treatment: Anger Management Class; Non-Treatment: Gene luding Group Sessions-Mental Health; Outpatient Therapy incluc ensive Outpatient Therapy-Mental Health; Intensive Outpatient: aid); Assessment: Co-Occurring | ling Family Sessions-Mer | tal Health; Outpatien |
| Other Services: | ``` | <i>"</i> | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Me py including Family Sessions-Mental Health; Outpatient Therapy ent Therapy-Mental Health; Intensive Outpatient: Intensive Outp aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Fo | y - Eating Disorder; Outpa patient Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| 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: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therap ental Health; Outpatient Therapy - Eating Disorder | y including Group Sessio | ns-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 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-Oco | ial; Adult Non-Residential Services Substance Abus le Non-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Out g; Assessment: Pre-Treatment Assessment (Medicaid) | patient Therapy including | Family Sessions- |

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 | | |
| | 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 Services: | Non-Treatment: Anger Management Class; Outpa Outpatient Therapy including Family Sessions-Me | utpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring on-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; utpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre- eatment Assessment (Medicaid); Assessment: Co-Occurring | | | |

Other Services: 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 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individ ient Therapy including Family Sessions-Mental Health; Outpatient nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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 Non-Residential Services Outpatient - Groups; Ju | 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 Non- | ; Adult Non-Residential Services Intervention/Ec | Services Outpatient lucation; Juvenile |
| Mental Health Services: | Juvenile Non-Residential Services Outpatient - C | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | courring | |
| | 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-O 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 S | () |
| 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 Ex Family; Adult Non-Residential Services Outpatien Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring aid); Assessment: Mental Status Exam (MSE); Assessment: Co-O 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 S surring Treatment | 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 - Individual-Mental Health; Outpatient | (bio-psychosocial); Co-Occurring aid); Assessment: Mental Status Exam (MSE); Assessment: Co-O 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 utpatient Therapy including Family Sessions-Mental Health; Outpatient (Dite State Sta | (402)890-7713 Adult Non-Residential S surring Treatment | 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 - Individual-Mental Health; Outpatient | (bio-psychosocial); Co-Occurring aid); Assessment: Mental Status Exam (MSE); Assessment: Co-O 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 S surring Treatment | 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 - Individual-Mental Health; Outpatient | (bio-psychosocial); Co-Occurring aid); Assessment: Mental Status Exam (MSE); Assessment: Co-O 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 utpatient Therapy including Family Sessions-Mental Health; Outpatient (Dite State Sta | (402)890-7713 Adult Non-Residential S surring Treatment | 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 Ev Family; Adult Non-Residential Services Outpatier Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessment Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ev | (bio-psychosocial); Co-Occurring aid); Assessment: Mental Status Exam (MSE); Assessment: Co-O 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 utpatient Therapy including Family Sessions-Mental Health; Outpatient Mental Status Exam (MSE); Assessment: Co-Occurring 835 S Burlington Ste 115 Hastings NB 68901 valuations; Adult Non-Residential Services Outpatient - Individual; vices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; | (402)890-7713 Adult Non-Residential S curring Treatment atient Therapy - Co-occu (402)462-2066 Adult Non-Residential S | Services Outpatient - urring; Assessment: (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 - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessment 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-O 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 utpatient Therapy including Family Sessions-Mental Health; Outpatient Mental Status Exam (MSE); Assessment: Co-Occurring 835 S Burlington Ste 115 Hastings NB 68901 valuations; Adult Non-Residential Services Outpatient - Individual; vices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; | (402)890-7713 Adult Non-Residential S curring Treatment atient Therapy - Co-occu (402)462-2066 Adult Non-Residential S | Services Outpatient - urring; Assessment: (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 - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessment 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-O 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 utpatient Therapy including Family Sessions-Mental Health; Outpatient Mental Status Exam (MSE); Assessment: Co-Occurring 835 S Burlington Ste 115 Hastings NB 68901 valuations; Adult Non-Residential Services Outpatient - Individual; vices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; | (402)890-7713 Adult Non-Residential S curring Treatment atient Therapy - Co-occu (402)462-2066 Adult Non-Residential S | Services Outpatient - urring; Assessment: (402)462-2045 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 |
|---------------------------|--|--|--|---|
| 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; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | urring |
| Other Services: | Sliding Fee Scale; | | | - |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | 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 | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Outpatient Therapy; 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T Evaluation | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Eval | uation; Psychological |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psychology | ent: Intensive Outpat Outpatient Therapy- | ent Therapy-Mental Co-occurring; |
| 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 | | dult Non-Residential vices Intervention/Ed esidential Services (| Services Outpatient - lucation; Juvenile Dutpatient - Individual; |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring; Psychologi | cal Evaluation |

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

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sessions-Mental Health; Outpatient Therapy - C Assessment: Psychological Evaluation; Assessn | o-occurring; Assessment: Pre-Treatment Assessment (Medi nent: Co-Occurring | caid); Assessment: Mental Stat | us Exam (MSE); |
| 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 | |
| | | ; Assessment: Mental Status Exam (MSE); Assessment: Psy | | nent: 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; Juveni Intervention/Education; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Outpatient - C ile Assessment Services Substance Abuse Evaluations; Juve I Services Outpatient - Groups; Juvenile Non-Residential Se esidential Services Outpatient - Co-Occurring Treatment; Ju (bio-psychosocial); Co-Occurring | Co-Occurring Treatment; Adult I enile Non-Residential Services rvices Outpatient - Family; Juve | Non-Residential enile Non-Residentia |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurrin | Outpatient Therapy including Group Sessions-Mental Health; ig; Intensive Outpatient: Intensive Outpatient Therapy-Menta ient Assessment (Medicaid); Assessment: Mental Status Exa | I Health; Intensive Outpatient: I | ntensive Outpatient |
| 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; | | | |
| 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; Juveni Intervention/Education; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Educ ent - Individual; Adult Non-Residential Services Outpatient - O le Assessment Services Substance Abuse Evaluations; Juve I Services Outpatient - Family; Juvenile Non-Residential Ser Treatment; Juvenile Non-Residential Services Intensive Outp | Co-Occurring Treatment; Adult I enile Non-Residential Services vices Outpatient - Individual; Ju | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring; Adults who Sexually Harm Evaluation | sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pr | e-Treatment Assessment (bio-p | osychosocial); Co- |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: Other Services: | 1 12 2 | utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr tus Exam (MSE); Assessment: Co-Occurring | | 0, |
| | | | (100) = 1 = 5 1 = 0 | |
| 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 Partial Ca | aluations; Adult Non-Residential Services Outpatient - Groups; Adult rre; Adult Non-Residential Services Outpatient - Individual; Adult Non ices Intensive Outpatient Treatment; Adult Residential Services Dual Services Short Term Residential | -Residential Service | s Outpatient - Co- |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir | Freatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ntal Health; Outpatient Therapy including Family Sessions-Mental He der; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health thensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The the the the the the the the the the t | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| McNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (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 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 es Substance Abuse n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| 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 |
| | | tment Assessment (bio-psychosocial); Adults who Sexually Harm Eva | aluation; Psychologi | cal Evaluation |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Non-Treatment: Intensive Family Preservation | | | |
| 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; Adunt - 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 (bio-psychosocial) | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Adult - 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; Juve dential Services Out | nile Assessment |
| 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; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax | | |
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| Velasquez, Jesus | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete NB 68333 | (402)657-2737 | | | |
| Substance Abuse Services: | | I contraction of the second second second second second second second second second second second second second | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | | | |
| Other Services: | Sliding Fee Scale; Bilingual 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: | | | | | | |
| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | 0 | | | |
| 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 | 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: | 1 13 | utpatient Therapy including Family Sessions-Mental Health; Assessn Evaluation; Assessment: Mental Status Exam (MSE); Assessment: M | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Williams, Ann | Ann's Couch | 3924 N 90th St 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 | ance Abuse Evaluat | ions; Juvenile Non- | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: | | |
| 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 - Individual-Mental Health; 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

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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| 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 Se es Care Monitoring SA/I | ervices Outpatient - MH; Juvenile Non- |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individua ient Therapy including Family Sessions-Mental Health; Outpatient Th Mental Status Exam (MSE); Assessment: Co-Occurring | | |
| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment Crisis Stabilization; Outpatient Therapy; Pre-Treat | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur atment Assessment (bio-psychosocial); Co-Occurring | | |
| Akers, Anita | Anita Akers PC | 11069 I St Omaha NB 68137 | (402)614-8444 | |
| | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenile Treatment | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evaluation | ns; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; In (Medicaid) | tensive Outpatient: Intensive Outpatient Therapy-Mental Health; Ass | sessment: Pre-Treatmer | nt Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Alba, Sarah | Goodwill Industries | 4805 N 72nd St Omaha NB 68134 | (402)880-8414 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | | | | |
| Other Services: | Dillingual Comisson | | | |

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| 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; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Intervention/Education; Juvenile Non-Re o-Occurring Treatment | urring Treatment; Juve | enile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asse | essment (Medicaid); A | ssessment: Mental |
| 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 |
| 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmen | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (402)817-4894 |
| 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 Sevices Intervention/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services mile Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Re Services Intensive Ou tion; Juvenile Non-Re Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Ther nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assest SE); Assessment: Co-Occurring | apy - Co-occurring; In | tensive Outpatient: |
| 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; Juver ntial Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Baul-Pinson, Doraine | | 1941 S. 42nd Street Suite 426 Omaha NB 68105 | (402)514-7613 | (402)905-4726 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Adu ient - Co-Occurring Treatment; Juvenile Assessment Services Substa nile Non-Residential Services Outpatient - Individual; Juvenile Non-R | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| 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; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Bervices 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 es Outpatient - Family; |
| | Assessment (bio-psychosocial); Co-Occurring | agement; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-O | 0 | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-(tus Exam (MSE) | Co-occurring; Asses | sment: Pre-Treatment |
| 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 Evaluatio | ns | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 Ro 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-Occurr esidential Services Therapeutic Community; Juvenile Assessment Services; roups; Juvenile Non-Residential Services Outpatient - Family; Juvenil patient - Co-Occurring Treatment; Juvenile Non-Residential Services o Home; Juvenile Residential Services Short Term Residential | ing 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 | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)522-6570 | |
| 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: 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: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | | rvices Outpatient - |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatien Outpatient Therapy; Pre-Treatment Assessment (| it - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | ing Treatment | |
| 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 Outpatier Co-Occurring Treatment; Juvenile Assessment So | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Sen 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- |
| Juvenile Services: | 0 | utpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurrir tus Exam (MSE) | ig; Assessment: Pre | -Treatment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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 Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | | ring Treatment; Juve | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occ | urring |
| 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/Education; Adult patient - Groups; Adult Non-Residential Services Outpatient - Family - Individual; Adult Non-Residential Services Intensive Outpatient Tre | y; Adult Non-Resider | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| 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 | 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- 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); Co-Occurring | | |
| luvenile Services: | Outpatient Therapy - Individual-Mental Health: O | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | 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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| | Sessions-Mental Health; Outpatient Therapy - Co | o-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co- | occurring; Assessmer | t: Co-Occurring |
| 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; , ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | |
| Mental Health Services: | 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 |
| | Services Substance Abuse Evaluations; Juvenile | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Outpatient - Groups; Juvenile Non-Resi Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | dential Services Outpa | |
| Mental Health Services: | Crisis Phone Line; Emergency Medical Health Ex | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psy | chosocial); Co-Occurr | ing |
| Juvenile Services: | | | | |
| Other Services: | No Voucher Acceptance; | | | |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Residential; Adult Residential Services Short Ter | valuations; Adult Residential Services Dual Residential (MH/SA); Ad | dult Residential Servic | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | 5 | | |
| Other Services: | Sliding Fee Scale; | | | |
| Clark, Stephanie | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)707-9050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Other Services:

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| Name | Agency | Address | Phone | Fax |
| Colon, Legna | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)201-5231 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual 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 | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Non-Residential Services Interver dential Services Outpatient - Individual; Juvenile Non-Residential Ser | tion/Education; Juve | enile Non-Residentia |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Cornelius, Dawn | All Communities Outreach Services DBA TRAC Reentry Services | 106 E Mission Ave Bellevue NB 68005 | (402)257-1122 | (402)933-7786 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Placement Program | eatment: Anger Management Class; Non-Treatment: General Education | on Class; Non-Treat | ment: Employment |
| Other Services: | Bilingual Services; | | | |
| 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: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE); Assessment: Psychological Evaluation | ent: Pre-Treatment | Assessment |
| 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: | | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS | H); Pre-Treatment A | ssessment (bio- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | tron; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | Assessment: Outpat | ient Psychiatric |
| 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 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 Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | irring; Assessment: |
| Other Services: | <i>c</i> | | | |
| 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 Service | Services Outpatient - Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırring |
| Other Services: | Sliding Fee Scale; | | | |
| DeVries, Shawn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | |
| | Family; Adult Non-Residential Services Partial Ca Occurring Treatment; Adult Non-Residential Serv Services Short Term Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adult are; Adult Non-Residential Services Outpatient - Individual; Adult Non ices Intensive Outpatient Treatment; Adult Residential Services Dual | -Residential Service Residential (MH/SA | s Outpatient - Co- |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Mental Health Intensive Mar | agement; Day Treatment; Pre-Treatment Assessment (bio-psychoso | cial), Co-Occurring | |

| Name | Agency | Address | Phone | Fax |
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| Dexter, Loren | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)960-0073 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | t Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | , | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Diaz, Isabel | Diaz Counseling LLC | 4107 so. 22nd street Omaha NB 68107 | (402)706-1847 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurr | ring Treatment; Juver idential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inc Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | luding Family Sessio | ns-Mental Health; |
| Other Services: | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; 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 | Family; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 | | | |
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| | Individual; Adult Non-Residential Services Outpa Outpatient Therapy; Co-Occurring | valuations; Adult Non-Residential Services Outpatient - Groups; Adu itient - Co-Occurring Treatment | lt Non-Residential Se | rvices Outpatient - |
| Earley, Morgan | Morgan Earley LLC | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128 | (402)302-0353 | |
| Mental Health Services: Juvenile Services: | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Pre-Treatment Assessment | | ervices Outpatient - In | dividual; Juvenile N |
| Eftink-Cary, Rachel | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7062 | (402)339-4358 |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Outpatential Services Outpatient - Groups; Juven Juvenile Non-Residential Services Outpatient - Coutpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Coutpatient - Cout | • | stance Abuse Evaluat dential Services Outp ent Therapy including | ions; Juvenile Non- atient - Individual; |
| 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 Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurri | rring Treatment; Juve sidential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpati | ent Therapy - Co-occ | urring; |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Assessment: Mental Status Exam (MSE); Assess | sment: Co-Occurring | | |
| 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: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Outpatient - Groups; Juvenile Non-Resi Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | urring Treatment; Juveni idential Services Outpatio | le Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Asses | sment: Pre-Treatment A | ssessment |
| Other Services: | Sliding Fee Scale; | | | |
| Flowers, LaRhonda | Hope and Wellness Center PC | 11414 W Center Rd #233 Omaha NB 68144 | (402)917-1054 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; | | ervices Outpatient |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment | ent - Individual; Adult Non-Residential Services Intensive Outpatien (bio-psychosocial): Co-Occurring | it Treatment | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpa | tient Therapy - Co-occur | ring; Assessment: |
| Other Services: | Pre-Treatment Assessment (Medicaid); Assessm | ient: Co-Occurring | | |
| Francke, Jennifer | Jennifer Francke Psychotherapy LLC | 11907 Arbor St Suite G Omaha NB 68144 | (402)319-3016 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; | Adult Non-Residential Se | |
| | | , | Addit Non-Residential Se | ervices Outpatient - |
| Mental Health Services: | Co-Occurring Treatment Outpatient Therapy: Co-Occurring | | Addit Non-Residential Se | ervices Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | , ·, · | | ervices Outpatient - |
| | Outpatient Therapy; Co-Occurring | | | ervices Outpatient - |
| Juvenile Services: | Outpatient Therapy; Co-Occurring | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | ervices Outpatient - |
| Juvenile Services: Other Services: Frenzen, Jessica | Outpatient Therapy; Co-Occurring Clearwater Counseling Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | | (308)210-8487 Jult Non-Residential Serv curring Treatment; Juveni idential Services Outpatie | ices Outpatient - le Assessment |
| Juvenile Services: Other Services: Frenzen, Jessica Substance Abuse Services: | Outpatient Therapy; Co-Occurring Clearwater Counseling Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | 7701 Pacific St Ste 100A Omaha NB 68114 valuations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occ | (308)210-8487 Jult Non-Residential Serv curring Treatment; Juveni idential Services Outpatie | ices Outpatient - le Assessment |
| Juvenile Services: Other Services: Frenzen, Jessica Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Co-Occurring Clearwater Counseling Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Co-Occurring Outpatient Therapy - Individual-Mental Health; O | 7701 Pacific St Ste 100A Omaha NB 68114 valuations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occ | (308)210-8487 Jult Non-Residential Serv curring Treatment; Juveni idential Services Outpatie atment tient Therapy including F | ices Outpatient - le Assessment ent - Family; Juveni amily Sessions- |

| 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/Education ient - Individual; Adult Non-Residential Services Outpatient - Co-C | | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Garcia, Mary | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Far Treatment | mily; Adult Non-Residential Services Outpatient - Individual; Adult | Non-Residential Services | s Intensive Outpatien |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 Assessmen | t (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | aluation; Psychological E | valuation |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive O | Outpatient Therapy including Family Sessions-Mental Health; Outp utpatient: Intensive Outpatient Therapy-Mental Health; Intensive C ent Assessment (Medicaid); Assessment: Mental Status Exam (MS Assessment: Assessment: Co-Occurring | Outpatient: Intensive Outp | atient Therapy-Youth |
| 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 ient - Family; Adult Non-Residential Services Outpatient - Individu | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre | e-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults | who Sexually Harm Eval | luation; Psychologica |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who Health; Intensive Outpatient: Intensive Outpatie | Outpatient Therapy including Group Sessions-Mental Health; Outp o Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out ent Therapy-Youth Who Sexually Harm; Intensive Outpatient: Inter icaid); Assessment: Mental Status Exam (MSE); Assessment: Psy | tpatient: Intensive Outpati sive Outpatient Therapy- | ient Therapy-Mental Co-occurring; |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|---|
| Gilfillan, Dameon | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| 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; 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-Occurri | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gilfillan, Jody | | 2109 S 24th St Lincoln NB 68502 | (402)601-4289 | (402)475-7541 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A | | Services Outpatient - |
| Mantal Llashh Can issa | | nt - Individual; Adult Non-Residential Services Intensive Outpatient | Treatment | |
| Mental Health Services: | Outpatient Therapy | | | |
| lunionilo Comisso | | | | |
| Juvenile Services: Other Services: | | | | |
| | | 8031 West Center Rd Suite 307 Omaha NB 68124 | (402)708-3127 | |
| Other Services: Gilroy, Helen | | aluations; Adult Non-Residential Services Intervention/Education; A | () | Services Outpatient - |
| Other Services: Gilroy, Helen Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; A tient - Co-Occurring Treatment | () | Services Outpatient - |
| Other Services: Gilroy, Helen Substance Abuse Services: Mental Health Services: | | aluations; Adult Non-Residential Services Intervention/Education; A tient - Co-Occurring Treatment | () | Services Outpatient - |
| Other Services: Gilroy, Helen Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; A tient - Co-Occurring Treatment | () | Services Outpatient - |
| Other Services: Gilroy, Helen Substance Abuse Services: Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; A tient - Co-Occurring Treatment | () | Services Outpatient - (402)991-6228 |
| Other Services: Gilroy, Helen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Goodwin, Lori Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Pre-Treatment Assessment of Spence Counseling Adult Assessment Services Substance Abuse Ev 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 tient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring 12035 Q St. Omaha NB 68137 aluations; Adult Non-Residential Services Intervention/Education; A as Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Juvenile Assessment S ducation; Juvenile Non-Residential Services Care Monitoring SA/MI ervices Outpatient - Family; Juvenile Non-Residential Services Outp | dult Non-Residential (402)991-0611 dult Non-Residential Family; Adult Non-Re ervices Substance Al H; Juvenile Non-Resid | (402)991-6228 Services Care esidential Services buse Evaluations; dential Services |
| Other Services: Gilroy, Helen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Goodwin, Lori Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Outpat Outpatient Therapy; Pre-Treatment Assessment (Spence Counseling 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 Ser Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpatient - Individual-Mental Health; Out | aluations; Adult Non-Residential Services Intervention/Education; A tient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring 12035 Q St. Omaha NB 68137 aluations; Adult Non-Residential Services Intervention/Education; A as Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Juvenile Assessment S ducation; Juvenile Non-Residential Services Care Monitoring SA/MI ervices Outpatient - Family; Juvenile Non-Residential Services Outp (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | dult Non-Residential (402)991-0611 dult Non-Residential Family; Adult Non-Re ervices Substance Al t; Juvenile Non-Resid atient - Individual; Juv | (402)991-6228 Services Care esidential Services ouse Evaluations; dential Services renile Non-Residentia Family Sessions- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|--|
| Green, Faith | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | tient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | | |
| 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/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | Services Outpatient - |
| 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 | |
| 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 No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Hamilton, Teresa | Hamilton Behavioral Health Services | 203 W 29th Ave #6 Bellevue NB 68005 | (402)639-0435 | |
| | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | 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 Treatn | ring Treatment; Juve ential Services Outpa | nile Assessment tient - Family; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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; A tient - Co-Occurring Treatment; Juvenile Assessment Services S e Non-Residential Services Outpatient - Individual; Juvenile Nor | Substance Abuse Evaluation | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp | atient Therapy including F | amily Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring | ; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| 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 | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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 - Gro rvices Outpatient - Individual; Juvenile Non-Residential Services | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | tpatient Therapy including Group Sessions-Mental Health; Outp ; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | eatient Therapy including F | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | ional de declarang | |
| 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 - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-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 | |
| | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; <i>A</i> tient - Co-Occurring Treatment | Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 - Individual-Mental Health; Outpatient Therapy inc | luding Family Sessions | -Mental Health; |
| Other Services: | Assessment: Pre-Treatment Assessment (Medic | aid); Assessment: Mental Status Exam (MSE) | | |
| 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 - Ir | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Res Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrir e Residential Services Therapeutic Community or Therapeutic Group | ring Treatment; Juvenil idential Services Outpa ng Treatment; Juvenile | e Assessment itient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Tre | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hay-Holen, Patricia | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (308)455-0145 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hayes, Jill | | 10840 Old Mill Road, Suite 300 Omaha NB 68154 | (402)321-2624 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Groups: Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ac | ult Non-Residential Se | rvices Outpatient - |
| | Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I renile Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Services Out esidential Services Outpatient - Co-Occurring Treatment; Juvenile No ces Short Term Residential | Dual Residential (MH/S Non-Residential Servic utpatient - Family; Juve | A); Adult es nile Non-Residenti |
| Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv Intervention/Education; Juvenile Non-Residential | Services Intensive Outpatient Treatment; Adult Residential Services I renile Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Services Out esidential Services Outpatient - Co-Occurring Treatment; Juvenile No ces Short Term Residential | Dual Residential (MH/S Non-Residential Servic utpatient - Family; Juve | A); Adult es nile Non-Resident |
| | 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 Servi Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | Services Intensive Outpatient Treatment; Adult Residential Services I renile Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Services Out esidential Services Outpatient - Co-Occurring Treatment; Juvenile No ces Short Term Residential | Dual Residential (MH/S Non-Residential Servic utpatient - Family; Juve n-Residential Services nt Therapy including Fa Intensive Outpatient: Ir | A); Adult es nile Non-Resident Intensive amily Sessions- itensive Outpatien |

| Name | Agency | Address | Phone | Fax |
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| 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; Ad | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy: Pre-Treatment Assessment (| It - Individual; Adult Non-Residential Services Outpatient - Co-Occur (bio-psychosocial); Co-Occurring | ring Treatment | |
| Juvenile Services: | | ······ | | |
| Other Services: | | | | |
| Hernandez, Antonieta | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| 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 | e; Juvenile Residentia | I Services Short Tern |
| 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 | 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 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv | ation; Adult Non-Residential Services Outpatient - Groups; Adult No idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| Mental Health Services: | Intensive Outpatient Treatment 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-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juver ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| /bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient And And And And And And And And And And | utpatient Therapy including Group Sessions-Mental Health; Outpatie | | Family Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring | ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | : Co-Occurring | |
| 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 | | |
| | 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: | | | | |
| 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 | It Non-Residential S | ervices Intensive |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | Short reminesidentia | | |
| | 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 | |
| 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; 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 Service | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| | | atment: Anger Management Class; Outpatient Therapy - Individual-M py - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy | | |
| 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 | 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 | ing Treatment; Juver ntial Services Outpat | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Statement of the sta | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |

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| Name | Agency | Address | Phone | Fax |
| Jauriqui , Melissa | MAK Development (Michael's House) | 6607 Maple St Omaha NB 68104 | (402)415-5112 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| 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-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non- sidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- | ing Treatment; Adult Residential Services tpatient - Family; Juv | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ntensive Outpatient: | Intensive Outpatient |
| 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; | | | |
| Jones, Kimberly | Eastern Nebraska Community Action Partnership Inc | 2406 Fowler Avenue Omaha NB 68111 | (402)453-5656 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad (bio-psychosocial): Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | Sliding Fee Scale; | | | |

| Kaipust, Jamie A Desired Life Therapy and Counseling 8031 West Center Road Suite 210 Omaha NB 68124 (402)90-7362 (402)763-8915 Substance Abuse Services Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Therapy: Juvenile Non-Residential Services Outpatient - Therapy: Juvenile Non-Residential Services Outpatient - Therapy: Juvenile Non-Residential Services Outpatient - Therapy: Juvenile Non-Residential Services Outpatient - Therapy: Juvenile Non-Residential Services Outpatient - Therapy: Juvenile Non-Residential Services Outpatient - Therapy: Individual-Mental Health; Outpatient - Therapy: Sessions-Mental Health; Outpatient - Therapy: Ondoting Emaily Sessions-Mental Health; Outpatient - Therapy: Ondoting Services; Keezer, Chad Mid-Plains Center for Behavioral Pathawara Mental Health; Outpatient - Therapy: Outpatient - Therapy: Juvenile Services; (402)477-3951 (402)477-3951 (402)477-3951 Substance Abuse Services: Outpatient - Therapy: Juvenile Services Outpatient - Family, Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Gov/coruring Treatment, Adult Non-Residential Services Outpatient - Gov/coruring Treatment, Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Gov/coruring Treatment, Assessment Services Subs | Name | Agency | Address | Phone | Fax |
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| Individual, Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Preargy - Individual-Mental Health; Outpatient Therapy; Individual-Mental Health; Outpatient Therapy; Individual-Mental Health; Outpatient Therapy; Individual-Mental Health; Outpatient Therapy; Individual-Mental Health; Outpatient Therapy; Individual-Mental Health; Outpatient Therapy; Individual-Mental Health; Outpatient Therapy - Co-occurring; Assessment; Metal Status Exam (MSE) Other Services; Bilingual Services; Outpatient Or Behavioral 914 Baumann Dr Grand Island NB 68803 (308)385-5250 Healthcare Inc: Substance Abuse Services; Other Services; Other Services; Other Services; Other Services; Other Services; Other Services; Other Services; Other Services; Other Services; Other Services; Outpatient Therapy Juvenile Services Outpatient Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment, Avenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment, Avenile Non-Residential Services Outpatient - Co-Occurring Treatment, Avenile Non-Residential Services Outpatient - Co-Occurring Treatment, Avenile Non-Residential Services Outpatient - Co-Occurring Treatment, Avenile Non-Residential Services Outpatient - Co-Occurring Treatment, Auken Non-Residential Services Outpatient - Co-Occurring Treatment, Auken Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment, Auken Non-Residential Services Outpatient - Co-Occu | Kaipust, Jamie | | 8031 West Center Road Suite 210 Omaha NB 68124 | (402)990-7362 | (402)763-8915 |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE) Other Services: Bilingual Services; Content of Behavioral 914 Baumann Dr Grand Island NB 68803 (308)385-5250 Healthcare Inc Substance Abuse Services: Outpatient Therapy Juvenile Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Family, Adult Mon-Residential Services Outpatient - Groups; Juvenile 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 - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile 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 Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Servic | Substance Abuse Services: | Individual; Juvenile Assessment Services Substa | | | |
| Pre-Treatment Assessment (Medicaid): Assessment: Mental Status Exam (MSE) Other Services: Keezer, Chad Mid-Plains Center for Behavioral 914 Baumann Dr Grand Island NB 68803 (308)385-5250 Healthcare Inc Substance Abuse Services: Mental Health Services: Other 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: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Co-Occurring Treatment, Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Family, Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment, Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Contractient - Services Outpatient - Services Outpatient - Services Outpatient - Services Contractient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Contractient - | Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | Occurring | |
| 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: Other Services: Variable Variabl | | Pre-Treatment Assessment (Medicaid); Assessm | | ent Therapy - Co-occ | urring; Assessment: |
| Healthcare Inc Substance Abuse Services: Mental Health Services: Outpatient Therapy Juvenile Services: Other 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: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Coroups; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Coroups; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Coroups; Juvenile Non-Residential Services Outpatient - Coroups; Juvenile Non-Residential Services Outpatient - Coroups; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Coroups; Juvenile Non-Residential Services Outpatient - Coroups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Coroups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Services Substance Abuse Services Substance Abuse Services: Stephen Center 5217 S 28th St Omaha NB 68107 (402)715-5451 | Other Services: | Bilingual 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: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family, 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 - Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Services: Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Services: Outpatient - Individual; Adult Non-Residential Services Outpatient - Services: Sliding Fee Scale; Koch, Lori Stephen Center 5217 S 28th St Omaha NB 68107 (402)715-5452 Substance Abuse Services: Adult Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Re | Keezer, Chad | | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| 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: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Far Juvenile Non-Residential Services Outpatient - For Juvenile Non-Residential Services Outpatient - For Juvenile Non-Residential Services Outpatient - For Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Services Outpatient - Envices Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Services Outpatient - Services Outpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Substance Abuse Services Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; | Substance Abuse Services: | | | | |
| Kimmerling, Katherine The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3952 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 - Individual; Adult Non-Residential Services Outpatient - Individual; Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Services Outpatient - Individual; Services Outpatient - Individual; Services Outpatient - Individual; Services Outpatient - Individual; Services Outpatient - Individual; Services Outpatient - Individual; Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Family; Adult Non-Residential Services Outpatient - Services Outpatient - Services Outpatient - Family; Adult Non-Residential Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Family; Adult Non-Residential Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatie | Mental Health Services: | Outpatient Therapy | | | |
| Kimmerling, Katherine 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 Cutpatient - Family: Adult Non-Residential Services Outpatient - Individual, Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Services Outpatient - Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient Treatment; Juvenile Non-Residential Services Outpatient - Services Outpatient - Services Substance Abuse Services: Outpatient Treatment Services Outpatient - Family: Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Services Outpatient - Services Substance Abuse Services: Soliding Fee Scale; Substance Abuse Services: Substance Abuse 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 Outpatient - Services Outpatient - Services Substance Abuse Services: 402)715-5451 (402)715-5452 (402)715-5452 (402)715-5452 (402)715-5452 (402)715-5452 (402)715-5452 (402)715-5452 (402)715-5452 (402)715-5452 | Juvenile Services: | | | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatien Groups; Adult Non-Residential Services Outpatient - Eamily; 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 - Governing Treatment; Juvenile Non-Residential Services Outpatient - Governing Treatment; Juvenile Non-Residential Services Outpatient - Eamily; Adult 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 - Eamily; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Sources Sistemates Services: Mental Health Services: Outpatient Treatment Juvenile Services: Stephen Center Substance Abuse Services: Stephen Center Substance Abuse Services: Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; 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 - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co- | Other Services: | | | | |
| 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 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 - S217 S 28th St Omaha NB 68107 (402)715-5451 (402)715-5452 Koch, Lori Stephen Center 5217 S 28th St Omaha NB 68107 (402)715-5451 (402)715-5452 Substance Abuse Services: Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Go-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Coutpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No | Kimmerling, Katherine | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Other Services: Other Services: Stiding Fee Scale; Koch, Lori Stephen Center 5217 S 28th St Omaha NB 68107 (402)715-5451 (402)715-5452 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Care Monitoring SA/MH; 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 Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Intensive Outpatient - Goups; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpa | 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 | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N | Adult Non-Residential ices Substance Abuston-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| 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: 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 Treatment; Adult Residential Services Dual Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient - Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | Mental Health Services: | | (bio-psychosocial); Co-Occurring | | |
| Koch, LoriStephen Center5217 S 28th St Omaha NB 68107(402)715-5451(402)715-5452Substance Abuse Services:Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services OutpatientServices Outpatient - Individual; Adult Non-Residential Services OutpatientSubstance Abuse Services:Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services OutpatientSubstance Abuse Services:Short Term Residential Services Intensive Outpatient Treatment; Adult Residential Services Dual Residential Services Care Monitoring SA/MH; 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; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient - TreatmentMental Health Services:Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-OccurringJuvenile Services:Outpatient Therapy - Co-occurring; Intensive Outpatient Intensive Outpatient Therapy-Co-occurring | Juvenile Services: | | | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Care Monitoring SA/MH; 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; Adult Residential Services Dual Residential Services Care Monitoring SA/MH; Juvenile Non-Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Care Monitoring SA/MH; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | Other Services: | Sliding Fee Scale; | | | |
| 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; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Care Monitori SA/MH; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5451 | (402)715-5452 |
| Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | 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 - Individual; Juvenile Non-Residential | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services renile Assessment Services Substance Abuse Evaluations; Juvenile atient - Groups; Juvenile Non-Residential Services Outpatient - Fam | Adult Non-Residential Dual Residential (MH Non-Residential Serv ily; Juvenile Non-Res | Services Outpatient //SA); Adult vices Care Monitoring idential Services |
| Juvenile Services: Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | Mental Health Services: | | (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 |
|---|--|--|--|-------------------------------------|
| 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; Juvenile | aluations; 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; Adult Residential Services | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | Sessions-Mental Health; Assessment: Pre-Treatm | atment: Mentoring; Outpatient Therapy - Individual-Mental Health; Ou nent Assessment (Medicaid); Assessment: Mental Status Exam (MSI | | cluding Family |
| Other Services: | Bilingual Services; | | | |
| 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 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Partial Ca | aluations; Adult Non-Residential Services Outpatient - Groups; Adult are; Adult Non-Residential Services Outpatient - Individual; Adult Non ices Intensive Outpatient Treatment; Adult Residential Services Dual Services Short Term Residential | -Residential Service | s Outpatient - Co- |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie 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 | ealth; Outpatient The | erapy - Youth Who ent: Intensive |

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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| Lanning, Krystal | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | Evaluations; Juvenile Assessment Services Substance Abuse | Evaluations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessme | ent (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Larson, Bridget | | 2730 South 87th Street Omaha NB 68124 | (402)331-8085 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harr | m Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Me | dicaid); Assessment: Outpatient Psychiatric Evaluation; Assess | ment: Psychological Evaluatio | n |
| Other Services: | | | | |
| Laufenberg , James | | 11069 I Street Omaha NB 68137 | (402)290-2602 | (888)507-5931 |
| | Groups; Adult Non-Residential Services Outpa | 5 | Co-Occurring Treatment; Juve | nile Assessment |
| | Outpatient Therapy - Individual-Mental Health Occurring | ; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | nt Assessment (Medicaid); As | sessment: Co- |
| Other Services: | | | | |
| Leddy, Kayla | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Output Co-Occurring Treatment; Juvenile Assessmer Non-Residential Services Outpatient - Groups Juvenile Non-Residential Services Outpatient | | vidual; Adult Non-Residential ntial Services Intervention/Edu | Services Outpatient - ucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessme | | | |
| | Outpatient Therapy - Individual-Mental Health | ; Assessment: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Lemen, Jason | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessme | ent (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale: | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---------------------|
| Liester, Courtney | Courtney Liester LLC | 7905 L St Suite 410 Omaha NB 68127 | (402)577-0173 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatie | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | ent Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Lindner, Jennifer | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| 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; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Lowery, Angel | All Communities Outreach Services DBA TRAC Reentry Services | 7608 S 25th Street Bellevue NB 68147 | (402)257-1122 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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 Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul 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 |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Psychia | tric Residential Treat | ment Facility; |
| Other Services: | Sliding Fee Scale; | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |

| Name | Agency | Address | Phone | Fax |
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| 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 | valuations; Adult Non-Residential Services Outpatient - Groups; Ac | lult Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Manning, Tia | Wholehearted Therapy | 2126 N 117th Ave Omaha NB 68164 | (402)403-5134 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Groups; Ac ttient - Co-Occurring Treatment; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment | Outpatient - Groups; J | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Mathouser, Tobi | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)231-1972 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; Bilingual 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; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ le Assessment Services Substance Abuse Evaluations; Juvenile N ^c amily; Juvenile Non-Residential Services Outpatient - Individual; J ial Services Intensive Outpatient Treatment | urring Treatment; Adult on-Residential Services | Non-Residential |
| Montal Haalth Sandiago | Outpatient Therapy; Co-Occurring | | | |
| Merilai Health Services. | | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt | | |

| Name | Agency | Address | Phone | Fax |
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| 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 - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE); Assessment: Psychological Evaluation | ent: Pre-Treatment | Assessment |
| 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 Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | reatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Juding Family Sessions-Mental Health; Assessment: Co-Occurring | Outpatient Therapy i | ncluding Group |
| 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; 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: | | | | |
| McDonald, Katie | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)932-3557 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Individual; Adu | ult Non-Residential S | ervices Intensive |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| McGuire, Zach | Murphy's Turning Point | 1110 N 31st Ave Omaha NB 68131 | (402)598-8639 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| McGuire, Zach | The Cynthia House LLC | 3119 Myrtle Ave Omaha NB 68131 | (402)598-8639 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| McNeil, Tasha | Our Square LLC | 6120 Sprague St Omaha NB 68104 | (402)415-9217 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| McNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (402)440-6496 | |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Ou Co-Occurring Treatment; Adult Non-Reside Non-Residential Services Intervention/Educ Juvenile Non-Residential Services Outpatie Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assess Outpatient Therapy - Individual-Mental Hea Mental Health; Outpatient Therapy - Co-occ Sliding Fee Scale; | Ith; Outpatient Therapy including Group Sessions-Mental Health | ndividual; Adult Non-Residential S ment Services Substance Abuse E Juvenile Non-Residential Services Co-Occurring Treatment; Juvenile | ervices Outpatient Evaluations; Juveni Outpatient - Famil Non-Residential |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| Mental Health Services: Juvenile Services: | | use Evaluations; Adult Non-Residential Services Intervention/Edu Services Outpatient - Family; Adult Non-Residential Services Ou ment (bio-psychosocial); Co-Occurring | | |
| Meckna, Shy | Douglas County Community Mental He | ealth 4102 Woolworth Ave Omaha NB 68105 | (402)599-2710 (| 402)599-2562 |
| | | se Evaluations; Adult Non-Residential Services Intervention/Ed patient - Individual; Adult Non-Residential Services Intensive Ou ment (bio-psychosocial); Co-Occurring | | rvices Outpatient - |

| 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 | aluations; Adult Non-Residential Services Intervention/Education; Ad ent - 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 Servic | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ntensive Outpatient: | Intensive Outpatient |
| 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; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R to-Occurring Treatment (bio-psychosocial); Co-Occurring; Psychological Evaluation | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Juvenile Services: | including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | erapy - Eating Disord | ler; Outpatient |
| 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 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; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | Co-Occurring | | | |

| Name | Δαορογ | Address | Phone | Fax |
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| INAILIE | Agency | Address | FIIONE | Γαλ |
| 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 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; Juver ntial Services Outpat | nile Assessment tient - Family; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy - Ea | ting Disorder | |
| 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; 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; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatier tpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient | | |
| Other Services: | Pre-Treatment Assessment (Medicaid); Assessm | ent: Co-Occurring | | |
| 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 | 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 Serv | ng Treatment; Adult | Non-Residential |
| | Outpatient Therapy; Co-Occurring | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Nastase, Jill | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | (402)991-3486 |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| 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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| 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: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | | ns-Mental Health; |
| Other Services: | Outpatient Therapy Including Family Sessions-Mi | ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | tal Health | |
| 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; 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) | | |
| 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: | | | | |
| | | y Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; P | | |
| | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | ogical Evaluation; As | sessment: Juvenile |
| Other Services: | | | | |
| Olson, Veronica | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7083 | |
| | Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ridual; Adult Non-Residential Services Outpatient - Co-Occurring Trea idential Services Outpatient - Groups; Juvenile Non-Residential Services Inile Non-Residential Services Outpatient - Co-Occurring Treatment; | ices Outpatient - Far | nily; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | _ | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr | nt Therapy - Co-occu ing; Assessment: Co | urring; Intensive o-Occurring |
| 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 | 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 |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment of Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Me Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Assessi | nent: Pre-Treatment | Assessment |
| 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 E | valuation; Psycholog | cal Evaluation |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| Pelt, Kamara | Carla Vista Sober Living LLC | 11648 Douglas St Omaha NB 68154 | (480)612-0296 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| 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 | Assessment (bio-psy | chosocial); Adults who |
| Juvenile Services: Other Services: | | ion utpatient Therapy including Family Sessions-Mental Health; Outpatio aid); Assessment: Mental Status Exam (MSE); Assessment: Psycho | | |
| Pierce, Elizabeth | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (405)552-7083 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul t - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | ring Treatment; Juve ential Services Outpa | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |

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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| Plambeck, Calandra | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7052 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outp | e Evaluations; Adult Non-Residential Services Intervention/Education | ation; Adult Non-Residential S | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessm | | | |
| Juvenile Services: | | | | |
| 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 Outpa Services Substance Abuse Evaluations; Juve | e Evaluations; Adult Non-Residential Services Intervention/Educa atient - Individual; Adult Non-Residential Services Outpatient - Co enile Non-Residential Services Intervention/Education; Juvenile N t - Family; Juvenile Non-Residential Services Outpatient - Individ | o-Occurring Treatment; Juver Non-Residential Services Out | nile Assessment patient - Groups; |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment / Occurring | Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre | -Treatment Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non- including Family Sessions-Mental Health; Our | -Treatment: Intensive Family Preservation; Outpatient Therapy - tpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occ | | |
| Other Services: | (Medicaid); Assessment: Mental Status Exam | n (MSE) | | |
| Powell, Michelle | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outp Co-Occurring Treatment; Adult Non-Resident | e Evaluations; Adult Non-Residential Services Intervention/Educa patient - Family; Adult Non-Residential Services Outpatient - Indiv tial Services Intensive Outpatient Treatment; Adult Residential S adult Residential Services Short Term Residential | vidual; Adult Non-Residential | Services Outpatient |
| | Outpatient Therapy; Pre-Treatment Assessme | | | |
| | Assessment: Pre-Treatment Assessment (Me | edicaid); 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 Assessme | ent (bio-psychosocial) | | |

Juvenile Services: Non-Treatment: Intensive Family Preservation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health

Other Services: Sliding Fee Scale;

| 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; 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; | amily; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re outpatient - Family; J | esidential Services tpatient Treatment; ssidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| 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; Ad 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: | | | | |
| Rojas, 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 tient - Co-Occurring Treatment; Adult Non-Residential Services Inten | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Royer, Mary | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7012 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ring Treatment; Juve dential Services Out | enile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial): Co-Occurring | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | urring: Assessment: |
| | Pre-Treatment Assessment (Medicaid); Assessm | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| 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: | | valuations; Adult Residential Services Therapeutic Community | ; Juvenile Assessment Serv | vices Substance Abuse |
| Mental Health Services: | Evaluations Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring | | |
| | | essment: 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 Juvenile Non-Residential Services Outpatient - Services Intensive Outpatient Treatment | Evaluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individential Services Intensive Outpatient Treatment; Juvenile Assessmenn; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-C | dual; Adult Non-Residentia t Services Substance Abus nile Non-Residential Servic | l Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessmen | | | |
| | Intensive Outpatient: Intensive Outpatient Thera | apy-Co-occurring | | |
| Other Services: | 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 - Groups ent - Individual; Adult Non-Residential Services Outpatient - Co | | rvices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessmen | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Co-Occurring | Outpatient Therapy including Family Sessions-Mental Health; C | utpatient Therapy - Co-occ | urring; Assessment: |
| 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 ient - Family; Adult Non-Residential Services Outpatient - Indivi Services Substance Abuse Evaluations; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Family; Juvenile Co-Occurring Treatment; Juvenile Non-Residential Services Int | dual; Adult Non-Residentia tial Services Intervention/E Non-Residential Services | l Services Outpatient - ducation; Juvenile Outpatient - Individual |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Merila Health Services. | | | | |
| | Mental Health; Outpatient Therapy - Co-occurrin | Outpatient Therapy including Group Sessions-Mental Health; O ng; Intensive Outpatient: Intensive Outpatient Therapy-Mental H nent Assessment (Medicaid); Assessment: Co-Occurring | | |

| 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 | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Schifferns, Holli | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7676 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Schifferns, Jewel | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)250-2744 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Schnieder, Brian | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (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-Residentia | aluations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outpa vices Outpatient - Co-Occurring Treatment; Adult Non-Resid Evaluations; Juvenile Non-Residential Services Intervention/ al Services Outpatient - Groups; Juvenile Non-Residential Se nile Non-Residential Services Outpatient - Co-Occurring Trea | atient - Family; Adult Non-Resid ential Services Intensive Outpa (Education; Juvenile Non-Resid rvices Outpatient - Family; Juve | dential Services itient Treatment; lential Services enile Non- |
| | | utpatient Therapy - Co-occurring; Intensive Outpatient: Intens | sive Outpatient Therapy-Co-oco | urring |
| 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 Ser Services Outpatient - Individual; Juvenile Non-Re | aluations; Adult Non-Residential Services Outpatient - Indivic vices Outpatient - Groups; Juvenile Non-Residential Services sidential Services Outpatient - Co-Occurring Treatment | | |
| | 5 | utpatient Therapy - Co-occurring; Intensive Outpatient: Intens | vive Outpatient Therapy-Co-oco | urring; |

| Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7067 | |
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| Dutpatient Therapy | | | |
| | | | |
| Child Saving Institute | 4545 Dodge Street Omaha NB 68132 | (402)553-6000 | (402)553-2428 |
| ndividual; Adult Non-Residential Services Outpati Residential Services Intervention/Education; Juve | ient - Co-Occurring Treatment; Juvenile Assessment Services Substanile Non-Residential Services Outpatient - Groups; Juvenile Non-Res | ance Abuse Evaluati sidential Services Or | ions; Juvenile Non- |
| Pre-Treatment Assessment (bio-psychosocial) | | | |
| ncluding Family Sessions-Mental Health; Outpatie | | ns-Mental Health; C | outpatient Therapy |
| Sliding Fee Scale; | | | |
| Carol Sheffield Counseling Services, LLC | 919 Galvin Rd S, Suite A Bellevue NB 68005 | (402)276-2064 | |
| ndividual; Adult Non-Residential Services Outpati Residential Services Outpatient - Family; Juvenile Treatment; Juvenile Non-Residential Services Inter Dutpatient Therapy; Juvenile Pre-Treatment Asse | ient - Co-Occurring Treatment; Juvenile Assessment Services Substa Non-Residential Services Outpatient - Individual; Juvenile Non-Resi ensive Outpatient Treatment | ance Abuse Evaluati dential Services Out | ions; Juvenile Non- patient - Co-Occurrin |
| 5 | ensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asses | sment: Pre-Treatme | ent Assessment |
| | | | |
| Siemer Counseling & Assessments LLC | 12020 Shamrock Plaza #200 Omaha NB 68154 | (402)500-0555 | |
| amily; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention; Juvenile Non-Residential Services Intervential | ng Treatment; Juver dential Services Out | nile Assessment |
| Dutpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio- | -psychosocial); Co- |
| | | nt Therapy - Co-occu | urring; Assessment: |
| | dult Assessment Services Substance Abuse Eva advidual; Adult Non-Residential Services Outpat lesidential Services Intervention/Education; Juve uvenile Non-Residential Services Outpatient - In the Treatment Assessment (bio-psychosocial) Out-Of-Home Shelter Care; Outpatient Therapy - including Family Sessions-Mental Health; Outpati liding Fee Scale; Carol Sheffield Counseling Services, LLC dult Assessment Services Substance Abuse Eva advidual; Adult Non-Residential Services Outpatient reatment; Juvenile Non-Residential Services Inter Outpatient Therapy; Juvenile Pre-Treatment Asses Docurring Dutpatient Therapy - Individual-Mental Health; Int Medicaid) Stemer Counseling & Assessments LLC dult Assessment Services Substance Abuse Eva amily; Adult Non-Residential Services Outpatient ervices Substance Abuse Evaluations; Juvenile uvenile Non-Residential Services Outpatient - In Outpatient Therapy; Juvenile Pre-Treatment Asse Docurring Dutpatient Therapy; Juvenile Pre-Treatment Asse Docurring Dutpatient Therapy; Juvenile Pre-Treatment Asse Occurring Dutpatient Therapy; Juvenile Pre-Treatment Asse Docurring Dutpatient Therapy; Juvenile Pre-Treatment Asse Docurring Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indivi | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substatesidential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring re-Treatment Assessment (bio-psychosocial) put-Of-Home Shelter Care; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occurring liding Family Sessions-Mental Health; Outpatient Therapy - Co-occurring 919 Galvin Rd S, Suite A Bellevue NB 68005 dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring Evaluation (C/O); Pre-Treatment Suppatient Therapy - Individual-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessed Securiting Stemer Counseling & Assessments LLC 12020 Shamrock Plaza #200 Omaha NB 68154 <t< td=""><td>dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluation; 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 Treatment Suvenile Non-Residential Services Outpatient - Co-Occurring Treatment (Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Suvenile Non-Residential Services Outpatient - Co-Occurring Treatment Suvenile Non-Residential Services Outpatient - Co-Occurring Treatment Sessessment (Juptatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Fee Scale; Carol Sheffield Counseling Services, LLC 919 Galvin Rd S, Suite A Bellevue NB 68005 (402)276-2064 dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Massessment Services Substance Abuse Evaluations; Adult Non-Residential Services</td></t<> | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluation; 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 Treatment Suvenile Non-Residential Services Outpatient - Co-Occurring Treatment (Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Suvenile Non-Residential Services Outpatient - Co-Occurring Treatment Suvenile Non-Residential Services Outpatient - Co-Occurring Treatment Sessessment (Juptatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Fee Scale; Carol Sheffield Counseling Services, LLC 919 Galvin Rd S, Suite A Bellevue NB 68005 (402)276-2064 dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Massessment Services Substance Abuse Evaluations; Adult Non-Residential 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 Outpatient | Treatment | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Simmons, Kim | Lutheran Family Services of NE Inc | 2661 Douglas St Omaha NB 68131 | (402)978-5613 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| 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 | valuations; Juvenile Assessment Services Substance Abuse Ev | aluations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; As | ssessment: Co-Occurring | | |
| Other 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 S Non-Residential Services Intervention/Education; | 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 ndividual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential Services Substance Abuse nile Non-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Օս ց։ Assessment: Pre-Treatment Assessment (Medicaid) | tpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | - · · · · · · · · · · · · · · · · · · · | | |

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| 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: | | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | 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 | valuations; Adult Non-Residential Services Outpatient - Family; Adul ance Abuse Evaluations; Juvenile Non-Residential Services Outpatie | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assess ISE) | ment: Pre-Treatment A | Assessment |
| 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 - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | 5 | |
| 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: | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 | 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 venile Non-Residential Services Outpatient - Individual; Juvenile Non- | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent Assessment (Medicaid); Assessment: Outpatient Psychiatric Eva | | |
| 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 | 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; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring | |
| Juvenile Services: | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring | | | |
| 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 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-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ng Treatment; Juver ntial Services Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment : aurring | | |
| 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/Ed | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - Family; Adult Non-Residential Services Outpatient - Individual; Ad Bervices 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 Jual Residential (MH Services Substance / renile Non-Residenti | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatien |

| Name | Agency | Address | Phone | Fax |
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| 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 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Se | valuations; Adult Non-Residential Services Outpatient - Individuary rvices Outpatient - Individual | al; Juvenile Assessment S | ervices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Ou g | tpatient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Upton, Jessica | The Genesis House/New Beginnings Recovery Inc | 4127 S 42nd St Omaha NB 68107 | (402)213-4145 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| VanNortwick, Peggy | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)444-7609 | (402)996-8171 |
| | | 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; | | | |
| 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 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 individual; Juvenile Non-Residential Services Outpatient - Co-Outpatient | ual; Adult Non-Residential Services Substance Abuse ile Non-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial): Co-Occurring | | |
| Mental Health Services: | oupation merapy, ne meathent Assessment | (| | |

| Name | Agency | Address | Phone | Fax |
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| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial); Co-Occurring | ing i reatment | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 sidential Services Outpatient - Co-Occurring Treatment | Treatment; Juvenile | Assessment Service |
| Mental Health Services: | | suchual Services Oulpatient - Co-Occurring Treatment | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |
| Walker, Jeffery | Team Inc | 2505 North 24 Street Omaha NB 68110 | (402)451-5549 | (402)502-0687 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Education Class; Outpatient Therapy - Individual- | atment: Intensive Family Preservation; Non-Treatment: Anger Manag- Mental Health; Outpatient Therapy including Group Sessions-Mental ient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-1 | Health; Outpatient | Therapy including |
| 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: | Adult Assessment Services Substance Abuse Ev 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; A Services Intensive Outpatient Treatment | lult Non-Residential dult Non-Residential | Services Outpatient - Services Outpatient |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Ward, Teresa K | Heartland Family Service | 705 N. 16th Street Council Bluffs IA 51501 | (712)325-5640 | (712)256-1718 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Wells, Amanda | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5449 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Residential; Adult Residential Services Short Te | valuations; Adult Residential Services Dual Residential (MH/SA); Ac rm Residential | lult Residential Service | es Extended |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 5 | Adult Non-Residential ervices Intervention/Ec | Services Outpatient |
| | 1 137 | Dutpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy including | Family Sessions- |
| 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 | (bio-psychosocial); Co-Occurring | | |
| 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: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adu ance Abuse Evaluations; Juvenile Non-Residential Services Outpati | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 3924 N 90th St Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juveni Treatment | valuations; Adult Non-Residential Services Outpatient - Family; Adu atient - 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: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | Outpatient Therapy including Family Sessions-Mental Health; Outpat | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Wininger, Joshua | Wininger Counseling LLC | 11414 West Center Road Ste. 315 Omaha NB 68144 | (402)546-9585 | (402)330-4987 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health | Dutpatient Therapy including Group Sessions-Mental Health; Ou | tpatient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Workman, Jason | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)599-2054 | (402)661-7117 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Individual: Adult Non-Residential Services Output | valuations; Adult Non-Residential Services Outpatient - Groups; | Adult Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | 6 | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual S | Services; | | |
| Zook, Amy | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | (402)339-4358 |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - | | lual; Adult Non-Residential al Services Intervention/Ec | Services Outpatient lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| 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 Outpation | valuations; Adult Non-Residential Services Outpatient - Family; atient - Co-Occurring Treatment; Juvenile Assessment Services ile Non-Residential Services Outpatient - Individual; Juvenile No | Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial); Co-Occurring | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| Juvenile Services: Other Services: | Pre-Treatment Assessment (Medicaid); Assess | Dutpatient Therapy including Family Sessions-Mental Health; Oument: Mental Status Exam (MSE); Assessment: Co-Occurring | Itpatient Therapy - Co-occ | urring; Assessment: |

| 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 | (402)817-4894 |
| 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 O nile Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re | sidential Services patient Treatment; sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess SE); Assessment: Co-Occurring | by - Co-occurring; Int | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; | | | |
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| 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 | 0 | |
| 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: | | aluations; Adult Non-Residential Services Intervention/Education; Ad 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: | | | | |
| Broekemeier, Robert | Robert Broekemeier Counseling LLC | 268 N 115th St Suite 1 Omaha NB 68154 | (402)965-1564 | (402)260-7125 |
| | 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; 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 | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| (1) | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occı | urring |

| 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 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-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Juvenile Services: | | aluation; Outpatient Therapy; Pre-Treatment Assessment (bio-psych | osocial); Co-Occurri | ng |
| 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 |
| | (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| 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 Evaluat Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Youth Who S | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | nt Therapy including Assessment: Outpa | Family Sessions- tient Psychiatric |
| Other Services: | | | | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - 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 |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: Other Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Thera : Pre-Treatment Assessment (Medicaid); Assessment: Co-Occu | | ns-Mental Health; |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic | valuations; Adult Non-Residential Services Intervention/Educati es Outpatient - Groups; Adult Non-Residential Services Outpat ervices Outpatient - Co-Occurring Treatment; Adult Non-Residen | ient - Family; Adult Non-Re | sidential 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: | Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpat | valuations; Adult Non-Residential Services Outpatient - Groups | ; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | alient - Co-Occuming Treatment | | |
| Juvenile Services: | | | | |
| 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 Ex | valuations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| berle, Jeremy | Eberle Therapy Services PC | 630 N Cotner Blvd Suite 103 Lincoln NB 68505 | (402)440-5094 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; atient - Co-Occurring Treatment | Adult Non-Residential Serv | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| iles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic | | |
| | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- Evaluation | Treatment Assessment (bio-psychosocial); Co-Occurring; Adul | ts who Sexually Harm Eval | uation; Psycholog |

| Name | Agency | Address | Phone | Fax |
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| Other Services | Therapy-Mental Health; Intensive Outpatient: Inte occurring; Assessment: Pre-Treatment Assessme Juvenile Who Sexually Harm Risk Assessment | outh Who Sexually Harm; Outpatient Therapy - Co-occurring; ensive Outpatient Therapy-Youth Who Sexually Harm; Intens ent (Medicaid); Assessment: Mental Status Exam (MSE); Ass | ive Outpatient: Intensive Out | tpatient Therapy-Co- |
| 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; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Educa nt - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessme Juvenile Non-Residential Services Outpatient - Groups; Juv dividual; Juvenile Non-Residential Services Outpatient - Co- | vidual; Adult Non-Residential nt Services Substance Abus renile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; C ; Assessment: Pre-Treatment Assessment (Medicaid); Asse | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | g | |
| 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/Educa t - Individual; Adult Non-Residential Services Outpatient - Co Non-Residential Services Intervention/Education; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co- | o-Occurring Treatment; Juve Ion-Residential Services Out | nile Assessment |
| 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 - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; C der; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre curring | Dutpatient Therapy including eatment Assessment (Medic | Family Sessions- aid); Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | 0 | | |
| 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 | aluations; Adult Non-Residential Services Intervention/Educa nt - Family; Adult Non-Residential Services Outpatient - Indiv ervices Substance Abuse Evaluations; Juvenile Non-Residen venile Non-Residential Services Outpatient - Family; Juvenil o-Occurring Treatment | vidual; Adult Non-Residential ntial Services Intervention/Ec | Services Outpatient - |
| Mental Health Services: | | essment (PTA); Pre-Treatment Assessment (bio-psychosocia | al); Co-Occurring; Psycholog | ical Evaluation |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; C ;; Assessment: Pre-Treatment Assessment (Medicaid); Asse rring | | |
| Other Services: | r sychological Evaluation, Assessment. CO-Occul | unug | | |

| 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: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psycho | logical Evaluation; Assessi | 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; nt - Individual; Adult Non-Residential Services Outpatient - Co-C le Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Service esidential Services Outpatient - Co-Occurring Treatment; Juveni (bio-psychosocial): Co-Occurring | Occurring Treatment; Adult Non-Residential Services es Outpatient - Family; Juv | Non-Residential enile Non-Residentia |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin | outpatient Therapy including Group Sessions-Mental Health; Out g; Intensive Outpatient: Intensive Outpatient Therapy-Mental He ent Assessment (Medicaid); Assessment: Mental Status Exam (| alth; Intensive Outpatient: | Intensive Outpatient |
| 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: | Adult Assessment Services Substance Abuse Ex 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-C le Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Family; Juvenile Non-Residential Service Freatment; Juvenile Non-Residential Services Intensive Outpatie | Occurring Treatment; Adult Non-Residential Services Soutpatient - Individual; Ju | Non-Residential |
| Mental Health Services: | Occurring; Adults who Sexually Harm Evaluation | | | |
| | | | | |
| Juvenile Services: | | Putpatient Therapy including Family Sessions-Mental Health; Our Health; Intensive Outpatient: Intensive Outpatient Therapy-Co- atus Exam (MSE): Assessment: Co-Occurring | | |

| 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 |
| 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; A 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 | dult Non-Residential Dual Residential (MH Non-Residential Serv /; 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; | | | |
| 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 Partial Ca | aluations; Adult Non-Residential Services Outpatient - Groups; Adult are; Adult Non-Residential Services Outpatient - Individual; Adult Non ices Intensive Outpatient Treatment; Adult Residential Services Dual Services Short Term Residential | -Residential Service | s Outpatient - Co- |
| 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ement: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The h; Intensive Outpati | erapy - Youth Who ent: Intensive |
| 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 - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE); Assessment: Psychological Evaluation | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| | , .go | 71441000 | | - ux |
| 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: | | | | |
| McNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (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; 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; Juveniles Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| 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 Service 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: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental I py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien | ting Disorder; Outpa | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Therapy-Youth Who Sexually Harm; Assessment (Relative/Kinship) | : Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | Exam (MSE); Out-C | Df-Home: Foster Care |
| 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 l ient - 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 - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | , and the second s | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ad So Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se (bio-psychosocial) | amily; Adult Non-Re | sidential Services |
| 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; P | sychological Evalua | tion |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological (MSE); Assessment: Psychologi | ogical 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; Ad tt - 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 | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | , | | |

| 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 | atment Assessment (bio-psychosocial); Adults who Sexually Harm E | valuation; 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 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; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S e Evaluations; Juvenile Non-Residential Services Intervention/Educat al Services Outpatient - Groups; Juvenile Non-Residential Services O enile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re Services Intensive Ou tion; Juvenile Non-Re Outpatient - Family; J | esidential Services tpatient Treatment; esidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessi | ment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | | valuations; Adult Residential Services Therapeutic Community; Juve | nile Assessment Serv | vices Substance Abus |
| Mental Health Services: | Evaluations Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Oc | curring | |
| | Sliding Fee Scale; | | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | | | | |

| Siemer, Kris Siemer Counseling & Assessments LLC 12020 Shamrock Plaza #200 Omaha NB 68154 (402)500-0555 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Juvenile Non-Residential Services Outpatient - Family, Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Occurring Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment (PTA); Juvenile Services: Smith, Morgan Jenda Family Services, LLC 815 K Street Lincoln NB 68508 (308)390-9347 Substance Abuse Services: Outpatient Therapy Service 1306 Andrews Drive Box 1163 Norfolk NB 68701 (402)851-4026 (402)379-24 Substance Abuse Services: Outpatient Therapy Service 1306 Andrews Drive Box 1163 Norfolk NB 68701 (402)851-4026 (402)379-24 Substance Abuse Services: Outpatient Therapy Service 1306 Andrews Drive Box 1163 Norfolk NB 68701 (402)851-4026 (402)379-24 Substance Abuse Services: Outpatient Therapy, Individual-Mental Health; O | Name | Agency | Address | Phone | Fax |
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| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Outpatient - Individual; Adult Mon-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Massessment Substance Abuse Services: Outpatient - Individual; Adult Mon-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Massessment Mental Health Services: Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Juvenile Kon-Residential Services Outpatient - Individual; Juvenile Co-Occurring Evaluation; Juvenile Services: Outpatient Therapy: Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy: Individual-Mental Health; Outpatient Therapy: Individual-Mental Health; Outpatient Therapy: Oc-Occurring Smith, Morgan Jenda Family Services; LLC 815 K Street Lincoln NB 68508 (308)390-9347 Substance Abuse Services: Mental Health Services: Outpatient Therapy Juvenile Services: Mental Health Services: Outpatient Therapy Situstance Abuse Services: Mental Health Services: (402)851-4026 (402)379-24 Substance Abuse Services: Mental Health Services: Outpatient Therapy: Pre-reatment Assessment (bio-psychosocial); Psychological Evaluation Juvenile Services: Outpatient Therapy: Individual-Amental Health; Outpatient Therapy inducting Family Sessions-Mental Health; Strutes Examption; Dutatient Therapy: Eastrutes | Name | Agency | Address | Thone | Ιαλ |
| Family, Adult Non-Residential Services Outpatient - Individual, Adult Non-Residential Services Outpatient - Co-Occurring Treatment, Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy: Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Occurring Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring Situation Control Services: Jenda Family Services, LLC 815 K Street Lincoln NB 68508 (308)390-9347 Substance Abuse Services: Outpatient Therapy Juvenile Services: Voltage Services: (402)851-4026 (402)379-24 Substance Abuse Services: Mental Health Services: Outpatient Therapy: Mental Health: Outpatient Therapy inducidal-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpa | Siemer, Kris | Siemer Counseling & Assessments LLC | 12020 Shamrock Plaza #200 Omaha NB 68154 | (402)500-0555 | |
| Occurring Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment Other Services: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring Smith, Morgan Jenda Family Services, LLC 815 K Street Lincoln NB 68508 (308)390-9347 Substance Abuse Services: Mental Health Services: Outpatient Therapy Juvenile Services: (402)851-4026 (402)379-24 Substance Abuse Services: Mon-Treatment: Intensive Family Preservation Other Services: (402)851-4026 (402)379-24 Substance Abuse Services: Mental Health Services: Outpatient Therapy : Mental Health Intensive Management; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation Juvenile Services: Outpatient Therapy - Eating Disorder; Outpat Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Dure Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Psychological Evaluation Juvenile Services: Substance Abuse Services: Adult Assessment Services Outpatient Therapy - Eating Disorder; Outpat Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Juvenile Who Sexually Harm Risk Assessment Second Medicaid); Assessment: Mental Services Outpatient - Co-occurring Teatment; Juvenile Mon-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-occurring; Adult Non-Residential Services Outpatient - Co-occurring; Fa | Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi | ing Treatment; Juve dential Services Out | nile Assessment |
| Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring Other Services: Smith, Morgan Jenda Family Services, LLC 815 K Street Lincoln NB 68508 (308)390-9347 Substance Abuse Services: Outpatient Therapy Juvenile Services: Non-Treatment: Intensive Family Preservation Other Services: Snitchler, Eric Apex Therapy Service 1306 Andrews Drive Box 1163 Norfolk NB 68701 (402)851-4026 (402)379-24 Substance Abuse Services: Mental Health Services: Outpatient Therapy: Mental Health Intensive Management; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring Lessessment: Ver-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Other Services: Sorensen, Rachel 2170 North Platte Ave Fremont NB 68025 (402)720-3992 (402)753-64 Substance Abuse Services: Adult Assessment Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual-Mon-Residential Services Outpatient - Individual-Mon-Residential Services Outpatient - Individual-Mon-Residential Services Outpatient - Individual-Adult Non-Residential Services Outpatient - Individual-Mon-Residential Services Outpatient - | Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| Smith, Morgan Jenda Family Services, LLC 815 K Street Lincoln NB 68508 (308)390-9347 Substance Abuse Services: Mental Health Services: Outpatient Therapy Juvenile Services: Non-Treatment: Intensive Family Preservation Other Services: 1306 Andrews Drive Box 1163 Norfolk NB 68701 (402)851-4026 (402)379-24 Substance Abuse Services: Mental Health Services: Outpatient Therapy : Mental Health Intensive Management; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Assessment: Juvenile Who Sexually Harm Risk Assessment Sofensen, Rachel 2170 North Platte Ave Fremont NB 68025 (402)720-3992 (402)735-64 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Ann-Residential Services Outpatient - Family, Juvenile Non-Residential Services Outpatient - Family, Juvenile Non-Residential Services Outpatient - Family, Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Non-Residential Services Outpatient - Co-Occurri | Juvenile Services: | | | nt Therapy - Co-occ | urring; Assessment: |
| Substance Abuse Services: Mental Health Services: Outpatient Therapy Juvenile Services: Non-Treatment: Intensive Family Preservation Other Services: Shitchler, Eric Apex Therapy Service 1306 Andrews Drive Box 1163 Norfolk NB 68701 (402)851-4026 (402)379-24 Substance Abuse Services: Mental Health Services: Outpatient Therapy, Mental Health, Intensive Management; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Other Services: Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment 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 - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Se | Other Services: | | | | |
| Mental Health Services: Outpatient Therapy Juvenile Services: Non-Treatment: Intensive Family Preservation Other Services: Snitchler, Eric Apex Therapy Service 1306 Andrews Drive Box 1163 Norfolk NB 68701 (402)851-4026 (402)379-24 Substance Abuse Services: Mental Health Services: Outpatient Therapy: Mental Health Intensive Management; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation Assessment: Juvenile Who Sexually Harm Risk Assessment Other Services: Sorensen, Rachel 2170 North Platte Ave Fremont NB 68025 (402)720-3992 (402)73-64 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Eamily; Adult Non-Residential Services Outpatient - Individual: Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Mather Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual- Mather Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juve | Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: Mental Health Services: Outpatient Therapy; Mental Health Intensive Management; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation: Assessment: Juvenile Who Sexually Harm Risk Assessment Sorensen, Rachel 2170 North Platte Ave Fremont NB 68025 (402)720-3992 (402)753-64 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 - Groups; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Mental Health Services Outpatient - Individual; Mental Bervices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Occurring Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental He | Mental Health Services: Juvenile Services: | | | | |
| Mental Health Services: Outpatient Therapy; Mental Health Intensive Management; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluations; Assessment: Juvenile Who Sexually Harm Risk Assessment Other Services: Sorensen, Rachel 2170 North Platte Ave Fremont NB 68025 (402)720-3992 (402)753-64 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 - Go-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Go-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Go-Occurring Treatment Mental Health Services: Outpatient Therapy Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Occurring Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy - Co-occurring; As | Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluations; Assessment: Juvenile Who Sexually Harm Risk Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluations; Rachel 2170 North Platte Ave Fremont NB 68025 (402)720-3992 (402)753-64 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 - Goups; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Occurring Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient Intensive Outpatient Therapy - Co | Substance Abuse Services: | | | | |
| Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluations; Other Services: Other Services: Sorensen, Rachel 2170 North Platte Ave Fremont NB 68025 (402)720-3992 (402)753-64 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 - Individual; Adult Non-Residential Services Outpatient - Goups; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Services Outpatient - Co-occurring; Intensive Outpatient; Ductatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient I | | | | | |
| Other Services: 2170 North Platte Ave Fremont NB 68025 (402)720-3992 (402)753-64 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Goops; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Goops; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Occurring Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Intensive Outpatient (Medicaid) | Juvenile Services: | Therapy - Co-occurring; Assessment: Pre-Treatm | nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | |
| 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; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenilo Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Occurring Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; 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 Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) | Other Services: | | | | |
| 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; Juvenil Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Indi Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Occurring Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient Intensive Outpatient Therapy-Mental Health; Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) | Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 |
| Mental Health Services: Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Occurring Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; 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 Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) | Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju | ent - Family; Adult Non-Residential Services Outpatient - Individual; Au ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R | dult Non-Residential vices Intervention/Ec | Services Outpatien lucation; Juvenile |
| Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; 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 Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) | Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | | ent Assessment (bio | -psychosocial); Co- |
| | Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Intensive Outpatient Therapy-Mental Health; Inte | ental Health, Outpatient Therapy - Eating Disorder; Outpatient Therap | oy - Co-occurring; In | tensive Outpatient: |
| | Other Services: | Sliding Fee Scale; Bilingual 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 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; 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; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien ;; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services. | Sliding Fee Scale; | | | |
| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| | 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 (| | es Substance Abuse n-Residential Servic g Treatment; Juveni | e Evaluations; Juvenile es Outpatient - Family le Non-Residential |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr tus Exam (MSE); Assessment: Co-Occurring | | |
| 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: | | | | |
| Vorderstrasse, Paige | Holistic Sexual Wellness LLC | 2437 S 130th Cir Ste 100 Omaha NB 68144 | (402)413-6283 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad | | Services Outpatient - |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (| It - Individual; Adult Non-Residential Services Outpatient - Co-Occurr (bio-psychosocial); Co-Occurring | ing 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 |
|---------------------------|---|---|----------------------|---------------------|
| Williams, Ann | Ann's Couch | 3924 N 90th St 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 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 - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | | J. | | |
| 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 (YW: tion: Psychological Evaluation | SH); Pre-Treatment / | Assessment (bio- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: F sment: Psychological Evaluation; Assessment: Juvenile Who Sexual | Pre-Treatment Asses | sment (Medicaid); |

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/Ed Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien vices Outpatient - Co-Occurring Treatment; Adult Non-Residentia ducation; Juvenile Non-Residential Services Care Monitoring SA/ ervices Outpatient - Family; Juvenile Non-Residential Services Ou uvenile Non-Residential Services Intensive Outpatient Treatment | t - Family; Adult Non-Re I Services Intensive Out MH; Juvenile Non-Resid | sidential Services patient Treatment; ential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal g | tient Therapy including th; Intensive Outpatient: | Family Sessions- Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Connor, Shawnda | Healing Hope Counseling LLC | 815 Flack Ave Alliance NB 69301 | (308)225-6572 | (308)217-4277 |
| Substance Abuse Services: | | ly; Adult Non-Residential Services Outpatient - Individual; Adult N ervices Outpatient - Family; Juvenile Non-Residential Services O | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatient | atient Therapy - Co-occu | irring; Assessment: |
| 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 No | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpa | tient Therapy - Eating D | isorder; Outpatient |
| Other Services: | Sliding Fee Scale; | ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Intensive Outpatient: Intensive Outpatient Therapy-N | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|--|--|------------------|
| Crouch, Samuel | | 921 W 36th st Scottsbluff NB 69361 | (308)225-0500 | |
| | Abuse Evaluations; Juvenile Non-Residential Ser | | venile Assessment Se | rvices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| 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 | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment; Adult Non-Residential Services Inter ons; Juvenile Non-Residential Services Outpatient - Groups; Juvenil | nsive Outpatient Treatr | nent; Juvenile |
| | | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service | | |
| Mental Health Services: | | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service | | |
| | Individual; Juvenile Non-Residential Services Out Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service | s Intensive Outpatient tpatient Therapy-Menta | Treatment |
| Juvenile Services: | Individual; Juvenile Non-Residential Services Out Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service (bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Ou | s Intensive Outpatient tpatient Therapy-Menta | Treatment |
| Juvenile Services: | Individual; Juvenile Non-Residential Services Out Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Co-occu | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service (bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Ou | s Intensive Outpatient tpatient Therapy-Menta | Treatment |
| Juvenile Services: Other Services: | Individual; Juvenile Non-Residential Services Out Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Co-occu Sliding Fee Scale; Bilingual Services; Dr Gage Stermensky LLC | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service (bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Ou urring; Assessment: Pre-Treatment Assessment (Medicaid); Assess | s Intensive Outpatient tpatient Therapy-Menta ment: Co-Occurring | Treatment |
| Juvenile Services: Other Services: Cushing, Nathalie | Individual; Juvenile Non-Residential Services Out Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Co-occu Sliding Fee Scale; Bilingual Services; Dr Gage Stermensky LLC | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service (bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Ou urring; Assessment: Pre-Treatment Assessment (Medicaid); Assess | s Intensive Outpatient tpatient Therapy-Menta ment: Co-Occurring | Treatment |
| Juvenile Services: Other Services: Cushing, Nathalie Substance Abuse Services: | Individual; Juvenile Non-Residential Services Out Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Co-occu Sliding Fee Scale; Bilingual Services; Dr Gage Stermensky LLC Outpatient Therapy | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service (bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Ou urring; Assessment: Pre-Treatment Assessment (Medicaid); Assess | s Intensive Outpatient tpatient Therapy-Menta ment: Co-Occurring | Treatment |
| Juvenile Services: Other Services: Cushing, Nathalie Substance Abuse Services: Mental Health Services: | Individual; Juvenile Non-Residential Services Out Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Co-occu Sliding Fee Scale; Bilingual Services; Dr Gage Stermensky LLC Outpatient Therapy | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service (bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Ou urring; Assessment: Pre-Treatment Assessment (Medicaid); Assess | s Intensive Outpatient tpatient Therapy-Menta ment: Co-Occurring | Treatment |
| Juvenile Services: Other Services: Cushing, Nathalie Substance Abuse Services: Mental Health Services: Juvenile Services: | Individual; Juvenile Non-Residential Services Out Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Co-occu Sliding Fee Scale; Bilingual Services; Dr Gage Stermensky LLC Outpatient Therapy | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service (bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Ou urring; Assessment: Pre-Treatment Assessment (Medicaid); Assess | s Intensive Outpatient tpatient Therapy-Menta ment: Co-Occurring | Treatment |
| Juvenile Services: Other Services: Cushing, Nathalie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Decowski, Stephanie Substance Abuse Services: | Individual; Juvenile Non-Residential Services Out Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Co-occu Sliding Fee Scale; Bilingual Services; Dr Gage Stermensky LLC Outpatient Therapy Dr Gage Stermensky LLC Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential S | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service (bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Ou urring; Assessment: Pre-Treatment Assessment (Medicaid); Assess 1811 Ave A Scottsbluff NB 69361 1811 Ave A Scottsbluff NB 69361 Evaluations; Juvenile Non-Residential Services Outpatient - Family | Intensive Outpatient tpatient Therapy-Menta ment: Co-Occurring (308)631-5263 (269)986-1148 | Treatment |
| Juvenile Services: Other Services: Cushing, Nathalie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Decowski, Stephanie | Individual; Juvenile Non-Residential Services Out Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Co-occu Sliding Fee Scale; Bilingual Services; Dr Gage Stermensky LLC Outpatient Therapy Dr Gage Stermensky LLC Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential S | tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service (bio-psychosocial); Co-Occurring utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Ou urring; Assessment: Pre-Treatment Assessment (Medicaid); Assess 1811 Ave A Scottsbluff NB 69361 1811 Ave A Scottsbluff NB 69361 Evaluations; Juvenile Non-Residential Services Outpatient - Family | Intensive Outpatient tpatient Therapy-Menta ment: Co-Occurring (308)631-5263 (269)986-1148 | Treatment |

| 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 Outpa | aluations; Adult Non-Residential Services Intervention/Education; A tient - Co-Occurring Treatment; Juvenile Assessment Services Subs enile Non-Residential Services Outpatient - Individual; Juvenile Non- | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmeter | nent Assessment (bio | -psychosocial); Co- |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatienter Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| 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 Ex | valuations; Juvenile Assessment Services Substance Abuse Evaluation | ions | |
| | Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatmeter | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatient: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| George, Wendy | Wyoming Winds Counseling LLC | 1825 10th St Gering NB 69341 | (307)575-8592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Adults who Sexually Harm E | Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy - Individual-Mental Health; Outpatient Therapy includ ental Health; Outpatient Therapy - Eating Disorder; Day Treatment E nent: Mental Status Exam (MSE) | ing Group Sessions-l Day Treatment-Menta | Mental Health; I Health; Assessment |
| 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; 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; A Services Intensive Outpatient Treatment; Adult Residential Services venile Assessment Services Substance Abuse Evaluations; Juvenile atient - Groups; Juvenile Non-Residential Services Outpatient - Fami Services Outpatient - Co-Occurring Treatment; Juvenile Non-Reside | Adult Non-Residentia Dual Residential (MH Non-Residential Sen ily; Juvenile Non-Res | Services Outpatient - I/SA); Adult vices Care Monitoring idential 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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| 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 |
| 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 | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| 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 | raluations; Adult Non-Residential Services Outpatient - Individual; Jur | venile Assessment S | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | | rvices Outpatient - In | dividual; Juvenile No |
| 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: | Evening Reporting; Non-Treatment: Anger Mana Outpatient Therapy including Group Sessions-Me | eatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm gement Class; Non-Treatment: General Education Class; Outpatient ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Assessment: Pre-Treatment Assessment (Medicai | Therapy - Individual lealth; Outpatient Th | -Mental Health; erapy - Co-occurring |
| 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: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | tion | |
| Other Services: | Sliding Eco Scalo: | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Rodriquez-Fletcher, Lori | Options in Psychology, LLC | 2622 Ave C Scottsbluff NB 69361 | (308)632-8547 | |
| 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 | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occi | urring; Assessment: |
| Other 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 Ev Evaluations | aluations; Adult Residential Services Therapeutic Community; Juven | ile Assessment Serv | ices Substance Abuse |
| 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; | | | |
| Sanchez, Celeste | JOBZ Employment Solutions | 311 5th Ave Minatare NB 69361 | (308)672-9694 | |
| Substance Abuse Services: | | | | |
| Mental Health 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 | |
| | 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 int - 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 Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|-------------------------------------|
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations | | |
| 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 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substanc ile Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu | e Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpa It Assessment (Medicaid); Assessment: Mental Status Exam (MSE) Assessment; Assessment: Co-Occurring | tient: Intensive Outpat | ient Therapy-Youth |
| 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: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| 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 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Assessment Services Substance Abuse Evaluation | valuations; Adult Non-Residential Services Intervention/Education; Ant - Co-Occurring Treatment; Adult Non-Residential Services Intensions; Juvenile Non-Residential Services Intervention/Education; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Content | ive Outpatient Treatm enile Non-Residential | ent; Juvenile Services Outpatien |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpat nent Assessment (Medicaid); Assessment: Co-Occurring | ient Therapy - Eating | Disorder; Outpatien |
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| Name | Agency | Address | Phone | Fax |
|-------------|--|---|----------------------|-----------------|
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatien Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatie 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 - Family; Juvenile Non-Residential Services Outpatient - Individ Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | |
| | Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatient g; Assessment: Co-Occurring | Therapy including Fa | amily Sessions- |

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/Educati ent - Family; Adult Non-Residential Services Outpatient - Individ | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Ind ient Therapy including Family Sessions-Mental Health; Outpati nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Crisis Stabilization; Outpatient Therapy; Pre-Trea | atment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Ou essment (Medicaid); Assessment: Mental Status Exam (MSE) | utpatient Therapy including | Family Sessions- |
| 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 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dual; Adult Non-Residential ial Services Intervention/Ec | Services Outpatient lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | Family Sessions- |
| 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 - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; As ISE); Assessment: Psychological Evaluation | ssessment: Pre-Treatment | Assessment |
| Other Comission | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| | psychosocial); Adults who Sexually Harm Evalua Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | t Therapy including Assessment: Outpat | Family Sessions- ient Psychiatric |
| 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 Service | Services Outpatient - Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırring |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (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; | | | |
| 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: | | Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Eval | uation; Psychological |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie : Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psychology | ent: Intensive Outpati Outpatient Therapy- | ent Therapy-Mental Co-occurring; |

| Name | Agency | Address | Phone | Fax |
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| 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 - Individual-Mental Health; | ; Outpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| | Co-Occurring Treatment; Juvenile Assessmen Non-Residential Services Outpatient - Groups Juvenile Non-Residential Services Outpatient Outpatient Therapy; Juvenile Pre-Treatment A Outpatient Therapy - Individual-Mental Health; | Assessment (PTA); Pre-Treatment Assessment (bio-psychosocia ; Outpatient Therapy including Group Sessions-Mental Health; C ring; Assessment: Pre-Treatment Assessment (Medicaid); Asses | ntial Services Intervention/Ec e Non-Residential Services II); Co-Occurring; Psycholog Dutpatient Therapy including | ducation; Juvenile Outpatient - Individu ical Evaluation Family Sessions- |
| 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) |); Adults who Sexually Harm Evaluation; Psychological Evaluation | n | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Har Sexually Harm Risk Assessment | m; Assessment: Mental Status Exam (MSE); Assessment: Psyc | hological Evaluation; Asses | sment: Juvenile Wh |
| Other Services: | | | | |
| Holt, Jennifer | Adultspan Counseling | 1001 S. 70th St suite 225 Lincoln NB 68510 | (402)325-0117 | |
| | | | | |

| 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 Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurri e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Nor- sidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor- | ng Treatment; Adult Residential Services tpatient - Family; Juv | Non-Residential s venile Non-Residentia |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient: | Intensive Outpatient |
| 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 Outpatier Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | aluations; 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 Out reatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ng Treatment; Adult Residential Services patient - Individual; . | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso 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 - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr tus Exam (MSE): Assessment: Co-Occurring | | |
| 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 | 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- | dult Non-Residential lual Residential (MH Ion-Residential Serv | Services Outpatient - /SA); Adult vices Care Monitoring |

| Name | Agency | Address | Phone | Fax |
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| | Occurring Treatment; Juvenile Non-Residential S | Services Intensive Outpatient Treatment | | |
| | 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 Partial Ca Occurring Treatment; Adult Non-Residential Serv Services Extended Residential; Adult Residential | | n-Residential Service | es Outpatient - Co- |
| 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: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpati- 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 | lealth; Outpatient Th lth; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| McNichols, Stephanie | | 2636 Woodsdale Blvd Lincoln NB 68502 | (402)440-6496 | |
| 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 | utpatient Therapy including Group Sessions-Mental Health; Outpatie | Adult Non-Residentia ces Substance Abus on-Residential Servic ng Treatment; Juven | l Services Outpatien e Evaluations; Juver æs Outpatient - Fam ile Non-Residential |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| 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; 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 es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; In ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient: | Intensive Outpatient |
| 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 Eva | aluation; Psychologic | al 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 Eva | aluations; Adult Residential Services Therapeutic Community; Juveni | le Assessment Servi | ces Substance Abuse |
| 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-Occu | ırring | |
| Other Services: | Sliding Fee Scale; | | - | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation | | | |
| 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 Ma | nagement; Pre-Treatment Assessment (bio-psychosocial); Psy | chological Evaluation | |
| Juvenile Services: | | Dutpatient Therapy including Family Sessions-Mental Health; O ment Assessment (Medicaid); Assessment: Mental Status Exar Assessment | | |
| Other Services: | | Assistant | | |
| 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 - I Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment n; Juvenile Non-Residential Services Outpatient - Groups; Juve ndividual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential t Services Substance Abuse nile Non-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurrin | Dutpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) | utpatient Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Taylor, Nathaniel | Integrated Behavioral Health Services | 2615 "O" street, Suite 4 Lincoln NB 68510 | (402)450-8645 | |
| | | | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Groups atient - Co-Occurring Treatment | ; Adult Non-Residential Ser | vices Outpatient - |
| | | | ; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Outpa | | ; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpa | | ; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Outpa | | ; Adult Non-Residential Ser (402)450-8645 | vices Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Taylor, Nathaniel | Individual; Adult Non-Residential Services Outpatient Outpatient Therapy; Co-Occurring Alcohol & Drug Solutions Adult Assessment Services Substance Abuse En Groups; Adult Non-Residential Services Outpatie | atient - Co-Occurring Treatment | (402)450-8645 ion; Adult Non-Residential S | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Taylor, Nathaniel Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Outpatient Therapy; Co-Occurring Alcohol & Drug Solutions Adult Assessment Services Substance Abuse E | atient - Co-Occurring Treatment 2109 S 24th St Lincoln NB 68502 valuations; Adult Non-Residential Services Intervention/Educat ent - Individual; Adult Non-Residential Services Outpatient - Co | (402)450-8645 ion; Adult Non-Residential S | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Taylor, Nathaniel Substance Abuse Services: | Individual; Adult Non-Residential Services Outpatient Outpatient Therapy; Co-Occurring Alcohol & Drug Solutions Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment | atient - Co-Occurring Treatment 2109 S 24th St Lincoln NB 68502 valuations; Adult Non-Residential Services Intervention/Educat ent - Individual; Adult Non-Residential Services Outpatient - Co | (402)450-8645 ion; Adult Non-Residential S | Services Outpatient - |

| 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) | | |
| | 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 | |
| | | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (I | , , | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessm Evaluation; Assessment: Mental Status Exam (MSE); Assessment: M | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (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 ent - 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 | Services Outpatient lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Williams, Ann | Ann's Couch | 3924 N 90th St 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 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 - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| 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 - Individual-Mental Health; 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

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/Ed Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Ad so Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Care Monitoring SA/MH ducation; Juvenile Non-Residential Services Care Monitoring SA/MH rivices Outpatient - Family; Juvenile Non-Residential Services Outpatient uvenile Non-Residential Services Intensive Outpatient Treatment | Family; Adult Non-Re ervices Intensive Ou ; Juvenile Non-Resid | esidential Services apatient Treatment; lential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I g | | |
| Other Services: | Sliding Fee Scale; | | | |
| Connor, Shawnda | Healing Hope Counseling LLC | 815 Flack Ave Alliance NB 69301 | (308)225-6572 | (308)217-4277 |
| Substance Abuse Services: | | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non- ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | urring; Assessment: |
| 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 (| | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dunlop, Terry | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Intensive Outp sement (Medicaid) | | |
| Other Services: | Sliding Fee Scale; | | | |

| 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; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental I py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa It Therapy-Youth Wh | atient Therapy - Co- no Sexually Harm; |
| Other Services: | | | | |
| Obermeyer, Ashley | Pathways to Wellness LLC | 32518 W Pioneer School Rd Merriman NB 69218 | (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 ht - Individual | Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includinental Health | ng Group Sessions- | Mental Health; |
| 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 - Individual-Mental Health; Ou Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser reatment | | |
| 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: | Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Manag | atment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm gement Class; Non-Treatment: General Education Class; Outpatient ental Health; Outpatient Therapy including Family Sessions-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 |
|---------------------------|--|---|--|---|
| Other Services: | Health; Outpatient Therapy - Co-occurring; Intens (Medicaid); Assessment: Mental Status Exam (M Sliding Fee Scale; | sive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessr SE); Assessment: Co-Occurring | nent: Pre-Treatment | Assessment |
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| 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; 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; Juveni es Outpatient - Famil |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatier g: Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| 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 Evaluat | | |
| | Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | ent: Intensive Outpat | ient Therapy-Youth |
| 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 | | |
|---------------------------|---|---|---------------|---------------|--|--|
| Taylor, Jennifer | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | (775)667-6079 | | |
| Substance Abuse Services: | | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - amily; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | outpatient Therapy; Pre-Treatment Assessment (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 |
|---------------------------|--|--|------------------------------|--------------------|
| 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 - Individual-Mental Health; C | Outpatient Therapy including Family Sessions-Mental Health; Ou | utpatient Therapy - Eating I | Disorder |
| Other Services: | Sliding Fee Scale; | | | |
| Dunlop, Terry | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | including Group Sessions-Mental Health; Outpat Mental Health; Assessment: Pre-Treatment Asse | -Treatment: General Education Class; Outpatient Therapy - Indi ient Therapy including Family Sessions-Mental Health; Intensiv essment (Medicaid) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | 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 | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E | valuation | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Pre-Treatment Assessment (Medicaid); Assessm | Dutpatient Therapy including Family Sessions-Mental Health; Ou nent: Co-Occurring | utpatient Therapy - Co-occu | ırring; Assessment |
| 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 | 1 | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | ; Assessment: Mental Status Exam (MSE); Assessment: Psycho | ological 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 | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| 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: | | | | |
| 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-Residentia | valuations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F ervices 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; | Family; Adult Non-Res ervices Intensive Outp on; Juvenile Non-Res Dutpatient - Family; Ju | idential Services patient Treatment; idential Services venile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | outpatient Therapy including Group Sessions-Mental Health; Outpatien rder; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including F | amily Sessions- |
| 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; 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) | dult Non-Residential S ces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; C | putpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including F | amily Sessions- |
| 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; Juven | valuations; Adult Non-Residential Services Outpatient - Groups; Adult sive Outpatient Treatment; Juvenile Assessment Services Substance ile Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | Abuse Evaluations; Ju | venile Non- |
| | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Youth Who | Outpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatien the Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | nt Therapy including F | amily Sessions- |

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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| | | ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: 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 | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv H; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No tient - Individual essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Oo | lult Non-Residentia ices Intervention/E on-Residential Serv | l Services Outpatien ducation; Juvenile |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-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 Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring 7 | Freatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (b | io-psychosocial) | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessmo Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Me | | |
| | | | | |

| 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/Er Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S ducation; Juvenile Non-Residential Services Care Monitoring SA/M ervices Outpatient - Family; Juvenile Non-Residential Services Outp Juenile Non-Residential Services Intensive Outpatient Treatment | Family; Adult Non-Re Services Intensive Out H; Juvenile Non-Resid | sidential Services patient Treatment; ential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; g | | |
| Other Services: | Sliding Fee Scale; | - | | |
| Connor, Shawnda | Healing Hope Counseling LLC | 815 Flack Ave Alliance NB 69301 | (308)225-6572 | (308)217-4277 |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non ervices Outpatient - Family; Juvenile Non-Residential Services Out | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpati | ent Therapy - Co-occu | rring; Assessment: |
| 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; A nt - Individual; Juvenile Assessment Services Substance Abuse Eva Services Outpatient - Groups; Juvenile Non-Residential Services C | aluations; Juvenile No | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie tent Assessment (Medicaid); Assessment: Co-Occurring | ent Therapy - Eating D | isorder; Outpatient |
| 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: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy in ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Me | | |
| 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 |
|---------------------------|--|--|----------------------------|-------------------|
| Crouch, Samuel | | 921 W 36th st Scottsbluff NB 69361 | (308)225-0500 | |
| | Abuse Evaluations; Juvenile Non-Residential Ser | | Juvenile Assessment Se | ervices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpa ;; Assessment: Pre-Treatment Assessment (Medicaid); Assessme | | Family Sessions- |
| Other Services. | Silding 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 Evalu | uations | |
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpatient: Mental Status Exam (MSE); Assessment: Co-Occurring | atient Therapy - Co-occu | rring; Assessmer |
| 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 | raluations; Adult Non-Residential Services Intervention/Education; tient - Co-Occurring Treatment; Juvenile Assessment Services Su enile Non-Residential Services Outpatient - Individual; Juvenile No | ubstance Abuse Evaluati | ons; Juvenile Nor |
| 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: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outp ient: Mental Status Exam (MSE); Assessment: Co-Occurring | atient Therapy - Co-occu | rring; Assessmer |
| 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 - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpa der | atient Therapy including I | Family Sessions- |
| 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 | Olidian Fac Cooler | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder; Outpa t Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| 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: | | Ion-Treatment: Anger Management Class; Outpatient Therapy - Indivi ient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy |
| 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: | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | eatment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Man -Mental Health; Outpatient Therapy including Group Sessions-Mental apy - Eating Disorder; Community Treatment Aide; Intensive Outpatient t- Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracte | agement Class; Nor Health; Outpatient T nt: Intensive Outpatie -Co-occurring; Asse | h-Treatment: Genera herapy including ent Therapy-Mental ssment: Pre- |
| 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 | (bio-psychosocial) | | |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asse Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatien ssment (Medicaid) | t Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser reatment | | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Evening Reporting; Non-Treatment: Anger Manag Outpatient Therapy including Group Sessions-Me | atment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm gement Class; Non-Treatment: General Education Class; Outpatient ental Health; Outpatient Therapy including Family Sessions-Mental H by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid | Therapy - Individual- ealth; Outpatient The | Mental Health; 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 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 Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g: Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| 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 | Abuse Evaluations; | Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | ent: Intensive Outpat | ient Therapy-Youth |
| | Assessment: Juvenile Who Sexually Harm Risk A | Assessment; Assessment: 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 |
|-------------------------|---|--|------------------------------------|------------------|
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Individual | valuations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - Ir rvices Intervention/Education; Juvenile Non-Residential Se | ndividual; Juvenile Assessment Ser | rvices Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Assess | ment: Pre-Treatment Assessment (Medicaid) | | |

Other Services:

| 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; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ces Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | Adult Non-Residential ce Abuse Evaluations esidential Services O | Services Outpatient ; Juvenile Non- utpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occu | urring |
| 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: | | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| | Co-Occurring Treatment; Adult Non-Residential S | Services Intensive Outpatient Treatment; Adult Residential Services | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | Services Intensive Outpatient Treatment; Adult Residential Services | | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | Services Intensive Outpatient Treatment; Adult Residential Services | | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | Services Intensive Outpatient Treatment; Adult Residential Services | | |
| Juvenile Services: Other Services: Barritt, Samantha | Outpatient Therapy; Pre-Treatment Assessment 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 Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services Services Services Substance Abuse Evaluation | Services Intensive Outpatient Treatment; Adult Residential Services (bio-psychosocial); Co-Occurring | Dual Residential (MH (402)370-3140 ential Services Interv lon-Residential Servic ring Treatment; Adult vices Short Term Res nile Non-Residential tient - Family; Juvenil | //SA) (402)370-3373 ention/Education; ces Outpatient - : Non-Residential sidential; Juvenile Services Care le Non-Residential |
| Juvenile Services: Other Services: Barritt, Samantha Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Behavioral Health Specialist/Seekers of <u>Serenity</u> Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluatio Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residenti | Services Intensive Outpatient Treatment; Adult Residential Services (bio-psychosocial); Co-Occurring 900 W Norfolk Ave Ste 200 Norfolk NB 68701 seessment 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 esidential Services Dual Residential (MH/SA); Adult Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Education; Juve vices Outpatient - Groups; Juvenile Non-Residential Services Dual Residential (MH (402)370-3140 ential Services Interv lon-Residential Servic ring Treatment; Adult vices Short Term Res nile Non-Residential tient - Family; Juvenil | //SA) (402)370-3373 ention/Education; ces Outpatient - : Non-Residential sidential; Juvenile Services Care le Non-Residential |
| Juvenile Services: Other Services: Barritt, Samantha Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Behavioral Health Specialist/Seekers of <u>Serenity</u> Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services 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 Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Met | Services Intensive Outpatient Treatment; Adult Residential Services (bio-psychosocial); Co-Occurring 900 W Norfolk Ave Ste 200 Norfolk NB 68701 seessment 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 esidential Services Dual Residential (MH/SA); Adult Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Education; Juve vices Outpatient - Groups; Juvenile Non-Residential Services Dual Residential (MH (402)370-3140 ential Services Interv lon-Residential Servic ring Treatment; Adult vices Short Term Res nile Non-Residential tient - Family; Juvenil on-Residential Service | //SA) (402)370-3373 ention/Education; ces Outpatient - : Non-Residential sidential; Juvenile Services Care le Non-Residential es Intensive Mental Health; tensive Outpatient: |

| 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 | |
| | 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 S vices Intervention/Edu | ervices Outpatient - cation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Co-occurring; Assessment: | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inc Pre-Treatment Assessment (Medicaid) | luding Family Sessions | -Mental Health; |
| 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 | uvenile Assessment Se | ervices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy - Eating Dis | order; Assessment: |
| 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; Adult Non-Residential Services Outpatient - Individual; A services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Nor-Residential Services Outpatient - Groups; Juvenile Nor-Residential Services Outpatient - Co-Occurrin | dult Non-Residential S ces Substance Abuse I on-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | 1 19 | ent Therapy - Individual-Mental Health: Intensive Outpatient: Intensiv | e Outpatient Therapy-N | lental 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie y-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessm ly Harm Risk Assessment | | |
| 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: | | | (, | (, |
| | Outpatient Therapy: Pre-Treatment Assessment | (bio-osychosocial) | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatier Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| 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: Other Services: | Non-Treatment: Family Support Worker; Commu | nity Treatment Aide | | |
| Colon-Rodriguez, Luz | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)562-4001 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Assessment: Pre-Treatment Assessment (Medicaid) | uding Group Sessior | s-Mental Health; |
| Other Services: | Bilingual 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; Adults who Sexually Harm Evaluati | on | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | atment: Intensive Family Preservation; Non-Treatment: Supervised V Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; ting Disorder; Assessment: Pre-Treatment Assessment (Medicaid); A | Outpatient Therapy | including Family |
| 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-C Short Term Residential; Juvenile Assessment Se Residential Services Outpatient - Groups; Juveni | ssessment Services Substance Abuse Evaluations; Adult l ups; Adult Non-Residential Services Outpatient - Family; A Dccurring Treatment; Adult Non-Residential Services Inten rvices Substance Abuse Evaluations; Juvenile Non-Resid le Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment; Juvenile Non-Residential Services | dult Non-Residential Services Out sive Outpatient Treatment; Adult F ential Services Intervention/Educa Non-Residential Services Outpatie | patient - Individual; Residential Service: tion; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health g; Intensive Outpatient: Intensive Outpatient Therapy-Co-c | | |
| 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 | ndividual; Adult Non-Residential Se ubstance Abuse Evaluations; Juve | ervices Intensive enile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health g; Intensive Outpatient: Intensive Outpatient Therapy-Co-c | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| | | dults who Sexually Harm Evaluation; Psychological Evalu Assessment: Mental Status Exam (MSE); Assessment: P | | ent: Juvenile Who |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse 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 |
|---------------------------|---|--|---|---|
| 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; 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; Juvenil es Outpatient - Family |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy inclu | on-Treatment: Anger Management Class; Non-Treatment: General E uding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive | amily Sessions-Mer | ntal Health; Outpatient |
| 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: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; As | ssessment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Therap occurring; Intensive Outpatient: Intensive Outpatie | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ting Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| 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: | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivi ent Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy |

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) | | |
| Juvenile Services: | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | atment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Ma Mental Health; Outpatient Therapy including Group Sessions-Menta apy - Eating Disorder; Community Treatment Aide; Intensive Outpatie I- Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contract | nagement Class; No I Health; Outpatient T ent: Intensive Outpati y-Co-occurring; Asse | n-Treatment: General Therapy including ent Therapy-Mental ssment: Pre- |
| Other Services: | Bilingual Services; | | | |
| 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 | | |
| | Assessment: Psychological Evaluation | | | |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Mental Health Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Adult No idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea (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: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inc | luding Group Session | ns-Mental Health; |
| Other Services: | Outpatient Therapy including Family Sessions-IN | ental Health; Outpatient Therapy - Eating Disorder | | |

| 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 Inten 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 A rices Outpatient - Fa | oatient - Co-Occurring ssessment Services mily; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A ISE); Assessment: Psychological Evaluation; Assessment: Co-Occurr | ssessment: Pre-Tre | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | Apex merapy bernice | 1300 Andrews Drive Dox 1103 Nonoik ND 00701 | (+02)001-+020 | (+02)373-2+07 |
| | Outpotiont Thoropy: Montal Health Intensive Mar | nagement; Pre-Treatment Assessment (bio-psychosocial); Psycholog | ical Evaluation | |
| | | | | |
| Juvenile Services: | Therapy - Co-occurring; Assessment: Pre-Treatm | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | |
| Other Services: | Assessment: Juvenile Who Sexually Harm Risk | Assessment | | |
| 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; Adurt - 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 n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| 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; Adult sive Outpatient Treatment; Juvenile Assessment Services Substance ile Non-Residential Services Outpatient - Individual | Abuse Evaluations; | Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatien | | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | ssessment: Pre-Treatment Assessment (Medicaid); Assessment: Me Who Sexually Harm Risk Assessment; Assessment: Co-Occurring | ental Status Exam (N | /ISE); Assessment: |
| 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 | ts who Sexually Harr | n Evaluation |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Community Treatment Aide; Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatien ssment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| | | nt - Family; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Out vices Intervention/Education; Juvenile Non-Residential Services Out nent: Pre-Treatment Assessment (Medicaid) | | |
| 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; Ad ht - 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 (hio-psychosocial): Co-Occurring | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient And And And And And And And And And And | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| 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; Ad s Outpatient - Groups; Adult Non-Residential Services Outpatient - F 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; ial 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 | | |
|---------------------------|---|---|---------------------|---------------------|--|--|
| 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: | on-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy cluding Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre reatment Assessment (Medicaid); Assessment: Co-Occurring | | | | | |
| 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 Asse psychosocial); Adults who Sexually Harm Evaluation | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion | H); Pre-Treatment A | Assessment (bio- | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; | cnosocial); Aduits who Sexually Harm Evaluation n-Treatment: Intensive Family Preservation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health tpatient Therapy - Youth Who Sexually Harm; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm sessment: Pre-Treatment Assessment (Medicaid); Assessment: Juvenile Who Sexually Harm Risk Assessment | | | | |

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/Ec nt - Family; Adult Non-Residential Services Outpatient - I | | Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy ent Therapy including Family Sessions-Mental Health; Ou nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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 - In ices Substance Abuse Evaluations; Juvenile Non-Reside 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 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | ndividual; Adult Non-Residential sidential Services Intervention/Ec | Services Outpatient lucation; Juvenile |
| | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient Therapy ent Therapy including Family Sessions-Mental Health; Ou | | |
| 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 Evalu | uation | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: F | Psychological Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| | , geney | | | - ux |
| 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 | Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The third the tensive outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental upy including Family Sessions-Mental Health; Outpatient Therapy - Ea ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa nt Therapy-Youth Wh | atient Therapy - Co- no 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 | valuations; 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 | dult Non-Residentia ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | nt Thoropy including | Family Socciona |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | nt merapy including | ramily Sessions- |
| Other Services. | Silulity ree Scale, | | | |

| Name | Agency | Address | Phone | Fax | |
|---|--|---|---|--------------------|--|
| 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 | tpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpat | ient Therapy-Youth | |
| 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 Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 | |
| Weber, Kristi | | 942 N 13th Geneva NB 68361 aluations; Adult Non-Residential Services Outpatient - Co-Occurring | () | (402)759-3803 | |
| Weber, Kristi Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | | Freatment | (402)759-3803 | |
| Weber, Kristi Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Medication Evaluation; Juve Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indiv | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Freatment io-psychosocial) ent: Pre-Treatment | Assessment | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| 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 Se Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/E es Outpatient - Groups; Adult Non-Residential Services rvices Outpatient - Co-Occurring Treatment; Juvenile As ducation; Juvenile Non-Residential Services Care Monit ervices Outpatient - Family; Juvenile Non-Residential Se | Outpatient - Family; Adult Non-Res sessment Services Substance Abu coring SA/MH; Juvenile Non-Reside | idential Services se Evaluations; ntial Services |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Hea | lith; Outpatient Therapy including F | amily Sessions- |
| 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; | | | |
| 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/E ent - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Juvenile Asses ; Juvenile Non-Residential Services Outpatient - Groups individual; Juvenile Non-Residential Services Outpatient - | Individual; Adult Non-Residential S sement Services Substance Abuse ; Juvenile Non-Residential Services | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Hea | | amily Sassiana |
| Juvernie Services. | | g; Assessment: Pre-Treatment Assessment (Medicaid) | initi, Outpatient merapy including F | army Sessions- |
| 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 - C ive Outpatient Treatment; Juvenile Assessment Service: le Non-Residential Services Outpatient - Individual | s Substance Abuse Evaluations; Ju | venile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually I | , , , , | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatmen | utpatient Therapy including Group Sessions-Mental Hea Sexually Harm; Outpatient Therapy - Co-occurring; Inter t Assessment (Medicaid); Assessment: Mental Status E | sive Outpatient: Intensive Outpatie | nt Therapy-Youth |
| | Assessment: Juvenile Who Sexually Harm Risk / Sliding Fee Scale; | Assessment; Assessment: 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 | raluations; Adult Non-Residential Services Intervention/Education; Ad int - 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie by-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment | | |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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; Ac es Outpatient - Groups; 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; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Cochran, Virginia | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| 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-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 Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | Dccurring | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Activity (1997) | utpatient Therapy - Co-occurring; Community Treatment Aide; Intens ient Assessment (Medicaid); Assessment: Mental Status Exam (MSE | sive Outpatient: Intens | sive Outpatient |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | | -, | |

| 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 - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Diso | outpatient Therapy including Group Sessions-Mental Health; Outpati rder | ent Therapy including Fa | amily Sessions- |
| Other Services: | | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - ervices Outpatient - Co-Occurring Treatment; Adult Non-Residential e Evaluations; Juvenile Non-Residential Services Intervention/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment construction (DTA). Due Treatment Association (DTA) | - Family; Adult Non-Resi Services Intensive Outpa ation; Juvenile Non-Resi Outpatient - Family; Juv t; Juvenile Non-Resident | dential Services atient Treatment; dential Services enile Non- |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | U U | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpat | Treatment: General Education Class; Outpatient Therapy - Individu ient Therapy including Family Sessions-Mental Health; Outpatient T y Treatment Day Treatment-Mental Health; Assessment: Pre-Treatm | herapy - Co-occurring; I | ntensive Outpatien |
| 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: Psychologi | cal 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 | | |
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| Name | Agency | Address | Phone | Fax |
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| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental I py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| 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 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: | | | | |
| Peters, Martinique | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad 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: | 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: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult | Non-Residential Ser | vices Outpatient - |
| Mantal Llashh Carriaga | Individual; Adult Non-Residential Services Outpar | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | atal Status Evam (M | |
| Other Services: | Outpatient merapy - morvioual-iviental mealth, As | ssessment: Pre-Treatment Assessment (Medicaid); Assessment: Me | ital Status Exam (M | SE) |
| 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | | |

| 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 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; ervices 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 vices Substance Abuse Ion-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| 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 | | e Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S | bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua utpatient Therapy including Group Sessions-Mental Health; Outpation Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpation Assessment (Medicaid); Assessment: Mental Status Exam (MSE); sessment: Assessment: Co-Occurring | ent Therapy including tient: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | Bacashicht, Asacashicht. Ob Occurring | | |
| 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; J atient - Individual; Juvenile Non-Residential Services Outpatient - C | Family; Adult Non-Re Services Substance At uvenile Non-Residenti | esidential Services buse Evaluations; ial Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatr | ment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non-T | Freatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Outpatient T Co-Occurring | | |
| 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: | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Eating I | Disorder |
| Other Services: | Sliding Fee Scale; | | | |
| Dunlop, Terry | Counseling and Enrichment Center | 101 E. Wilson Ave Norfolk NB 68701 | (308)830-0612 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individua ient Therapy including Family Sessions-Mental Health; Intensive Outpessment (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 | 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: Psychologica | al 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 | | | |
| | 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 |
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| 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; A nt - 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 | aluations; Adult Non-Residential Services Care Monitoring SA/MH; int - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services renile Assessment Services Substance Abuse Evaluations; Juvenile atient - Groups; Juvenile Non-Residential Services Outpatient - Fam Services Outpatient - Co-Occurring Treatment; Juvenile Non-Reside | Adult Non-Residential Dual Residential (MH Non-Residential Sen ily; Juvenile Non-Res | Services Outpatier //SA); Adult vices Care Monitorir 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 | |
| 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 | raluations; 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/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re Services Intensive Ou tion; 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: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Eating Disor Sliding Fee Scale; | der; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental py including Family Sessions-Mental Health; Outpatient Therapy - E ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatie aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | Eating Disorder; Outpa nt Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |

| 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 | 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; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations | | |
| 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 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Aduite 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- |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpa t Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ent Therapy including tient: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| 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 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 Services Outpatient - Groups; Juvenile H; Juvenile Non-Residential Services Outpatient - Groups; Juvenile tient - Individual | Adult Non-Residential ervices Intervention/Ec | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co | -Occurring | |
| | | utpatient Therapy including Family Sessions-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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| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A (bio-psychosocial); Co-Occurring | | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Co-Occurring | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| 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; Adult at - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | |
| Mental Health Services: | Crisis Stabilization; Outpatient Therapy; Pre-Trea | tment Assessment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | 5 | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | g | |
| 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: | | aluations; Adult Non-Residential Services Intervention/Education; Ad 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: | | | | |
| 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-Occurr Non-Residential Services Outpatient - Family; Juvenile Non-Resider o-Occurring Treatment | ing Treatment; Juve | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | urring |
| Outer Services. | | | | |

| 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 | aluations; Adult Non-Residential Services Intervention/Education; / tpatient - Groups; Adult Non-Residential Services Outpatient - Fam - Individual; Adult Non-Residential Services Intensive Outpatient T | ily; Adult Non-Reside | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 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 Outpa | raluations; Adult Non-Residential Services Outpatient - Family; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sub e Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evalua | ions; Juvenile Non- |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Juvenile \ psocial); Co-Occurring; Adults who Sexually Harm Evaluation | outh Who Sexually H | arm Evaluation |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpat Pre-Treatment Assessment (Medicaid); Assessment: Mental Statu | | Who Sexually Harm; |
| 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: | | valuations; Adult Non-Residential Services Intervention/Education; / ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | |
| Mental Health Services: | 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; 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 Trea | urring Treatment; Juve dential Services Outpa | nile Assessment |
| Mental Health Services: Juvenile Services: | Crisis Phone Line; Emergency Medical Health Ev | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psy- | chosocial); Co-Occurr | ng |
| Other Services: | No Voucher Acceptance; | | | |

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| Name | Agency | Address | Phone | Fax |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Mental Health Services: Juvenile Services: | Residential; Adult Residential Services Short Terr Pre-Treatment Assessment (bio-psychosocial); C | | t Residential Service | es Extended |
| 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: Juvenile Services: Other Services: | Outpatient Therapy Hearing Impaired; | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| | psychosocial); Adults who Sexually Harm Evalua Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S | essment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWS tion; Psychological Evaluation utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | nt Therapy including Assessment: Outpat | Family Sessions- ient Psychiatric |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - 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: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | uding Family Sessio | ns-Mental Health; |
| | | | (400)005 000 ; | |
| 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 | | | |

| 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 Individual; Adult Non-Residential Services Out | Evaluations; Adult Non-Residential Services Outpatient - Group patient - Co-Occurring Treatment | s; Adult Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | , | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Fiscaletti, Karin | Choices | 1654 Washington Blair NB 68008 | (402)533-3680 | |
| | Co-Occurring Treatment; Juvenile Assessment Residential Services Outpatient - Co-Occurring | | | • |
| | Outpatient Therapy; Pre-Treatment Assessme | | | |
| | | Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| 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: | | Evaluations; Adult Non-Residential Services Intervention/Educa tient - Individual; Adult Non-Residential Services Outpatient - C | | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | nt (bio-psychosocial); Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Garcia, Mary | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 |
| Substance Abuse Services: | | amily; Adult Non-Residential Services Outpatient - Individual; Ac | lult Non-Residential Services | s Intensive Outpatient |
| Mental Health Services: | Treatment | | | |
| Juvenile Services: | oupailon molapy | | | |
| | 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 Outpa Co-Occurring Treatment; Adult Non-Residentia | Evaluations; Adult Non-Residential Services Intervention/Educa tient - Family; Adult Non-Residential Services Outpatient - Indiv al Services Intensive Outpatient Treatment; Juvenile Assessmer on; Juvenile Non-Residential Services Outpatient - Groups; Juve | idual; Adult Non-Residential nt Services Substance Abus | Services Outpatient - e Evaluations; Juvenile |
| | | Individual; Juvenile Non-Residential Services Outpatient - Groups, 500 | | es Oupatient - ranniy, |
| Mental Health Services: | | Individual; Juvenile Non-Residential Services Outpatient - Co- | | es Oulpalient - 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: | Sliding Fee Scale; | | | |
| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | valuations; Adult Non-Residential Services Intervention/Education; Int - Individual; Adult Non-Residential Services Outpatient - Co-Occ e Non-Residential Services Intervention/Education; Juvenile Non-R ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu le Residential Services Therapeutic Community or Therapeutic Gro | urring Treatment; Juver esidential Services Outp rring Treatment; Juvenil | nile Assessment patient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy - Individual-Mental Health; C | Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapeutic Group Home-Co-Occurring; Assessment: Pre- | | |
| 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 Commun Residential | ity; Juvenile Residential Services Halfway-House or SA Group Hor | me; Juvenile Residentia | I Services Short Ter |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | ssment: Pre-Treatment Assessment (Medicaid); Assessment: Co-O | 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 | 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 | jical 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 Ass | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Ps | sychological Evaluation | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | Outpatient Therapy including Group Sessions-Mental Health; Outpat Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment sment: Psychological Evaluation; Assessment: Juvenile Who Sexu | : Pre-Treatment Assess | ment (Medicaid); |
| Other Services: | Sliding Eco Scalo: | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| 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 | valuations; Adult Non-Residential Services Outpatient - Groups; Adi nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Assessment Services Substance Abuse Evaluations; Juvenile No Services Outpatient - Groups; Juvenile Non-Residential Services (esidential Services Outpatient - Co-Occurring Treatment; Juvenile N (bio-psychosocial): Co-Occurring | urring Treatment; Adult on-Residential Services Outpatient - Family; Ju | t Non-Residential s venile Non-Residentia |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Mental Status Exam (MS | n; Intensive Outpatient: | Intensive Outpatient |
| 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) | | |
| montal Hoaldh Col Hood. | 1 19 | | | |
| | Outpatient Therapy - Individual-Mental Health; O (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assess | sment: Pre-Treatment | Assessment |
| Juvenile Services: | | | sment: Pre-Treatment | Assessment |
| Juvenile Services: Other Services: | (Medicaid) | | sment: Pre-Treatment (402)429-1050 | Assessment |
| Juvenile Services: Other Services: | (Medicaid) Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Asses | | Assessment |
| Juvenile Services: Other Services: Jones, James | (Medicaid) Sliding Fee Scale; Community Justice Center | utpatient Therapy including Family Sessions-Mental Health; Asses | | Assessment |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: | (Medicaid) Sliding Fee Scale; Community Justice Center | utpatient Therapy including Family Sessions-Mental Health; Assess | | Assessment |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | (Medicaid) Sliding Fee Scale; Community Justice Center Outpatient Therapy | utpatient Therapy including Family Sessions-Mental Health; Assess | | Assessment |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | (Medicaid) Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | utpatient Therapy including Family Sessions-Mental Health; Assess | | Assessment (402)477-3922 |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kimmerling, Katherine | (Medicaid) 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 Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | PO Box 22746 Lincoln NB 68542 | (402)429-1050 (402)477-3951 Adult Non-Residential Adult Non-Residential vices Substance Abus Non-Residential Servic | (402)477-3922 Services Outpatient - Services Outpatient e Evaluations; Juveni es 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 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 | dult Non-Residentia Dual Residential (MH Non-Residential Serry; Juvenile Non-Res | Services Outpatient I/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; | | | |
| 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 Partial Ca | | -Residential Service | es Outpatient - Co- |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Laufenberg , James | | 11069 I Street Omaha NB 68137 | (402)290-2602 | (888)507-5931 |
| | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | | ring Treatment; Juv | enile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess | sment (Medicaid); A | ssessment: Co- |
| Other Services: | C C | | | |
| 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; Ad es Outpatient - Family; Adult Non-Residential Services Outpatient - In | | |
| | 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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| 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; 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-Occurri | Adult Non-Residential ices Substance Abuse 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: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | Intensive Outpatient: | Intensive Outpatient |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - E | ating Disorder; Outpa | |
| | | ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatie aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | | |
| Other Services: | Assessment: Pre-Treatment Assessment (Medica | | | |
| Other Services: Moreno, Dominique | Assessment: Pre-Treatment Assessment (Medica | | | |
| Moreno, Dominique | Assessment: Pre-Treatment Assessment (Medica Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | r Care (Relative/Kinsh (402)590-2947 t Non-Residential Ser stance Abuse Evaluat | nip) (402)590-2030 vices Outpatient - iions; Juvenile Non- |
| Moreno, Dominique Substance Abuse Services: | Assessment: Pre-Treatment Assessment (Medica Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenilo | aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster 4565 S 133rd St Omaha NB 68137 /aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs | r Care (Relative/Kinsh (402)590-2947 t Non-Residential Ser stance Abuse Evaluat | nip) (402)590-2030 vices Outpatient - iions; Juvenile Non- |
| Moreno, Dominique Substance Abuse Services: Mental Health Services: | Assessment: Pre-Treatment Assessment (Medica Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Co-Occurring | aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster 4565 S 133rd St Omaha NB 68137 /aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs | r Care (Relative/Kinsh (402)590-2947 Non-Residential Ser stance Abuse Evaluat sidential Services Ou | hip) (402)590-2030 vices Outpatient - tions; Juvenile Non- tpatient - Co-Occurring |
| Moreno, Dominique Substance Abuse Services: Mental Health Services: | Assessment: Pre-Treatment Assessment (Medica Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Co-Occurring Outpatient Therapy - Individual-Mental Health; Of Co-Occurring | aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster 4565 S 133rd St Omaha NB 68137 valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Re | r Care (Relative/Kinsh (402)590-2947 Non-Residential Ser stance Abuse Evaluat sidential Services Ou | hip) (402)590-2030 vices Outpatient - tions; Juvenile Non- tpatient - Co-Occurring |
| Moreno, Dominique Substance Abuse Services: Mental Health Services: Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Co-Occurring Outpatient Therapy - Individual-Mental Health; Of Co-Occurring | aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster 4565 S 133rd St Omaha NB 68137 valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Re | r Care (Relative/Kinsh (402)590-2947 Non-Residential Ser stance Abuse Evaluat sidential Services Ou | hip) (402)590-2030 vices Outpatient - tions; Juvenile Non- tpatient - Co-Occurring |
| Moreno, Dominique Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Morton, Crystal | Assessment: Pre-Treatment Assessment (Medica Complete Behavioral Health Adult Assessment Services Substance Abuse Eve Individual; Adult Non-Residential Services Outpatient Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy; Co-Occurring Outpatient Therapy - Individual-Mental Health; Of Co-Occurring Heartland Family Service Adult Assessment Services Substance Abuse Eve Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster 4565 S 133rd St Omaha NB 68137 valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Re utpatient Therapy including Family Sessions-Mental Health; Outpatien | r Care (Relative/Kinsh (402)590-2947 t Non-Residential Ser stance Abuse Evaluat sidential Services Ou ent Therapy - Co-occu (402)680-6429 dult Non-Residential Adult Non-Residential ices Substance Abuse on-Residential Servic | hip) (402)590-2030 vices Outpatient - tions; Juvenile Non- tpatient - Co-Occurrin urring; Assessment: Services Outpatient - Services Outpatient - e Evaluations; Juveni es Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie utpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outp | | |
| 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; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | 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 | y Harm Evaluation (YWSH); Adults who Sexually Harm Evaluation; F | Psychological Evaluation | tion |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medic Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol | ogical 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 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; 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 - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessr | nent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | , | | |
| Petersen, Chandra | Choices | 1654 Washington Blair NB 68008 | (402)533-3680 | (402)478-5047 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 0 | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| | (Medicaid); Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | prvices; | | |
| 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/Educat ht - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No amily; Juvenile Non-Residential Services Outpatient - Individu | Occurring Treatment; Juve on-Residential Services Out | nile Assessment patient - Groups; |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- | Treatment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre | atment: Intensive Family Preservation; Outpatient Therapy - In ient Therapy - Eating Disorder; Outpatient Therapy - Co-occur | | |
| Other Services: | | SE) | | |
| 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/Educat es Outpatient - Groups; Adult Non-Residential Services Outpa rvices Outpatient - Co-Occurring Treatment; Adult Non-Reside Evaluations; Juvenile Non-Residential Services Intervention/E al Services Outpatient - Groups; Juvenile Non-Residential Services 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- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; A | ssessment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Rojas, 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/Educat tient - Co-Occurring Treatment; Adult Non-Residential Service | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | |
| 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 |
|---------------------------|---|--|--|--|
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | | valuations; Adult Residential Services Therapeutic Community | ; Juvenile Assessment Serv | vices Substance Abuse |
| Mental Health Services: | Evaluations Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | | sment: Pre-Treatment Assessment (Medicaid); Assessment: (| Co-Occurrina | |
| | Sliding Fee Scale; | | 3 | |
| 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 Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educal ent - Family; Adult Non-Residential Services Outpatient - Indivi Services Intensive Outpatient Treatment; Juvenile Assessmen ; Juvenile Non-Residential Services Outpatient - Groups; Juve ndividual; Juvenile Non-Residential Services Outpatient - Co-C | idual; Adult Non-Residentia nt Services Substance Abus enile 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 | 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 | |
| | Family; Adult Non-Residential Services Outpatien | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co | | rvices Outpatient - |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; C | Outpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Schnieder, Brian | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (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-Residentia Residential Services Outpatient - Individual; Juve | 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/I al Services Outpatient - Groups; Juvenile Non-Residential Ser enile Non-Residential Services Outpatient - Co-Occurring Trea | atient - Family; Adult Non-Re ential Services Intensive Ou Education; Juvenile Non-Re rvices Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Montal Haalth Sandaas | Intensive Outpatient Treatment | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring hutpatient Therapy - Co-occurring; Intensive Outpatient: Intensi | | |

Other Services:

| | | | DI DI | _ |
|---|---|--|---|---|
| Name | Agency | Address | Phone | Fax |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: Mental Health Services: | | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpati | ient Therapy including | Family Sessions- |
| 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; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occur Individual; Juvenile Non-Residential Services Outpatient - Co-Occur | urring Treatment; Juver esidential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treat | ment Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpat ient: Co-Occurring | ient Therapy - Co-occu | irring; Assessment: |
| Other Services: | | | | |
| Smool Jacobia | | | | |
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| | Adult Assessment Services Substance Abuse Ev | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 valuations; Juvenile Assessment Services Substance Abuse Evalua | () | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Outpatient Therapy; Pre-Treatment Assessment | aluations; Juvenile Assessment Services Substance Abuse Evalua | () | |
| Mental Health Services: | | raluations; Juvenile Assessment Services Substance Abuse Evalua (bio-psychosocial); Co-Occurring | () | |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | raluations; Juvenile Assessment Services Substance Abuse Evalua (bio-psychosocial); Co-Occurring | () | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | raluations; Juvenile Assessment Services Substance Abuse Evalua (bio-psychosocial); Co-Occurring | () | (402)753-6445 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; As Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju | raluations; Juvenile Assessment Services Substance Abuse Evalua (bio-psychosocial); Co-Occurring ssessment: Co-Occurring 2170 North Platte Ave Fremont NB 68025 raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juve | (402)720-3992 (402)720-3992 Adult Non-Residential Adult Non-Residential ervices Intervention/Ed | Services Outpatient Services Outpatien ucation; Juvenile |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel Substance Abuse Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; As 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; Juvenile Assessment Services Substance Abuse Evalua (bio-psychosocial); Co-Occurring ssessment: Co-Occurring 2170 North Platte Ave Fremont NB 68025 raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juve | (402)720-3992 Adult Non-Residential Adult Non-Residential ervices Intervention/Ed -Residential Services (| Services Outpatient Services Outpatien ucation; Juvenile Dutpatient - Individu |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Sorensen, Rachel Substance Abuse Services: Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; As 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 Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Me | raluations; Juvenile Assessment Services Substance Abuse Evalua (bio-psychosocial); Co-Occurring ssessment: Co-Occurring 2170 North Platte Ave Fremont NB 68025 raluations; Adult Non-Residential Services Intervention/Education; Author - Family; Adult Non-Residential Services Outpatient - Individual; iervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juv | (402)720-3992 Adult Non-Residential S Adult Non-Residential ervices Intervention/Ed -Residential Services (ment Assessment (bio- ding Group Sessions-N rapy - Co-occurring; Int | Services Outpatient Services Outpatien ucation; Juvenile Dutpatient - Individu psychosocial); Co- Mental Health; ensive Outpatient: |

| 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; Adunt - 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 n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | utpatient Therapy including Group Sessions-Mental Health; Outpatien | | Family Sassiana |
| Juvernie Services. | | g; Assessment: Pre-Treatment Assessment (Medicaid) | it merapy mouding | Family Sessions- |
| 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: | | aluations; Adult Non-Residential Services Intervention/Education; Ad 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: | 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: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); / Assessment; Assessment: Co-Occurring | ent: Intensive Outpat | ient Therapy-Youth |
| Other Services: | 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 nce Abuse Evaluations; Juvenile Non-Residential Services Outpatier | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessn SE) | nent: Pre-Treatment | Assessment |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|--|---|---|--|-------------------|
| 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 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; Juver ential Services Outpa | nile Assessment |
| Mental Health Services | : Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services | | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | | |
| 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 | aluations; Adult Non-Residential Services Outpatient - Individual; Juv vices Outpatient - Individual | venile Assessment S | ervices Substance |
| Mental Health Services | : Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services | : Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | Family Sessions- |
| Other Services | | | | |
| Tvrdik, Gregory | | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 | (402)885-7932 | (402)281-0665 |
| Substance Abuse Services | : Adult Assessment Services Substance Abuse Ev | aluations: Adult Non Posidential Services Outpatient Family: Adult | Non-Residential Serv | |
| | Individual; Adult Non-Residential Services Outpat | tient - Co-Occurring Treatment; Adult Non-Residential Services Inter | | |
| Mental Health Services | | | sive Outpatient Trea | |
| | : Outpatient Therapy; Mental Health Intensive Man | tient - Co-Occurring Treatment; Adult Non-Residential Services Inter | nsive Outpatient Trea | |
| Juvenile Services | : Outpatient Therapy; Mental Health Intensive Man | tient - Co-Occurring Treatment; Adult Non-Residential Services Inter agement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr | nsive Outpatient Trea | |
| Juvenile Services | : Outpatient Therapy; Mental Health Intensive Man : Non-Treatment: Anger Management Class; Outpa | tient - Co-Occurring Treatment; Adult Non-Residential Services Inter agement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr | nsive Outpatient Trea | |
| Juvenile Services Other Services Voss, Stephanie R | Outpatient Therapy; Mental Health Intensive Man Non-Treatment: Anger Management Class; Outpatient Sliding Fee Scale; Adult Assessment Services Substance Abuse Evolution | tient - Co-Occurring Treatment; Adult Non-Residential Services Inter agement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr atient Therapy - Individual-Mental Health; Outpatient Therapy - Co-o | nsive Outpatient Trea ring ccurring (402)650-5250 | tment |
| Juvenile Services Other Services Voss, Stephanie R Substance Abuse Services Mental Health Services | Outpatient Therapy; Mental Health Intensive Man Non-Treatment: Anger Management Class; Outpat Sliding Fee Scale; Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Res Outpatient Therapy | tient - Co-Occurring Treatment; Adult Non-Residential Services Inter agement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr atient Therapy - Individual-Mental Health; Outpatient Therapy - Co-o 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 aluations; Adult Non-Residential Services Outpatient - Co-Occurring idential Services Outpatient - Co-Occurring Treatment | nsive Outpatient Trea ring ccurring (402)650-5250 | tment |
| Juvenile Services Other Services Voss, Stephanie R Substance Abuse Services Mental Health Services | Outpatient Therapy; Mental Health Intensive Man Non-Treatment: Anger Management Class; Outpatient Sliding Fee Scale; Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Res Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy | tient - Co-Occurring Treatment; Adult Non-Residential Services Inter agement; Pre-Treatment Assessment (bio-psychosocial); Co-Occurr atient Therapy - Individual-Mental Health; Outpatient Therapy - Co-o 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 aluations; Adult Non-Residential Services Outpatient - Co-Occurring idential Services Outpatient - Co-Occurring Treatment | nsive Outpatient Trea ring ccurring (402)650-5250 | tment |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|------------------------------|---------------------|
| Williams, Ann | Ann's Couch | 3924 N 90th St Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Fami ttient - Co-Occurring Treatment; Juvenile Assessment Servic e Non-Residential Services Outpatient - Individual; Juvenile | es Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; nent: Co-Occurring | Outpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Workman, Jason | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)599-2054 | (402)661-7117 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Grou ttient - Co-Occurring Treatment | ps; Adult Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual S | ervices; | | |
| Zueter, Kimberly | | 5087 S 106th St Omaha NB 68127 | (402)630-7560 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Fami tient - Co-Occurring Treatment; Juvenile Assessment Servic e Non-Residential Services Outpatient - Individual; Juvenile | es Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; nent: Mental Status Exam (MSE); Assessment: Co-Occurring | | urring; Assessment: |
| Other Services: | | | | |

| Substance Abuse Services: Adult Grou Co-C Mental Health Services: Outp Juvenile Services: Slidir Barritt, Samantha Beha Sere Substance Abuse Services: Adult Adult Fami Servi Asse Moni | oups; Adult Non-Residential Services Outpatier -Occurring Treatment; Adult Non-Residential S tpatient Therapy; Pre-Treatment Assessment (| | dult Non-Residential | Services Outpatient - |
|--|--|--|--|--|
| Grou Co-C Mental Health Services: Outp Juvenile Services: Slidir Barritt, Samantha Beha Sere Substance Abuse Services: Adult Adult Fami Servi Asse Moni | oups; Adult Non-Residential Services Outpatier -Occurring Treatment; Adult Non-Residential S tpatient Therapy; Pre-Treatment Assessment (ding Fee Scale; havioral Health Specialist/Seekers of | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I (bio-psychosocial); Co-Occurring | dult Non-Residential | Services Outpatient - |
| Juvenile Services: Other Services: Slidir Barritt, Samantha Sere Substance Abuse Services: Adult Adult Fami Servi Asse Moni | ding Fee Scale; havioral Health Specialist/Seekers of | | | |
| Other Services: Slidir Barritt, Samantha Beha Sere Substance Abuse Services: Adult Adult Fami Servi Asse Moni | havioral Health Specialist/Seekers of | | | |
| Barritt, Samantha Beha Sere Substance Abuse Services: Adult Adult Fami Servi Asse Moni | havioral Health Specialist/Seekers of | | | |
| Sere Substance Abuse Services: Adult Adult Fami Servi Asse Moni | • | | | |
| Adult Fami Servi Asse Moni | | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Outp | ult Non-Residential Services Care Monitoring S mily; Adult Non-Residential Services Outpatien rvices Intensive Outpatient Treatment; Adult Re sessment Services Substance Abuse Evaluatio initoring SA/MH; Juvenile Non-Residential Serv rvices Outpatient - Individual; Juvenile Non-Residential tpatient Treatment | SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult N It - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juven vices Outpatient - Groups; Juvenile Non-Residential Services Outpat sidential Services Outpatient - Co-Occurring Treatment; Juvenile No | on-Residential Servic ring Treatment; Adult vices Short Term Res nile Non-Residential sient - Family; Juvenile | ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| | tpatient Therapy; Pre-Treatment Assessment (| | | |
| Outp Inten (Med | tpatient Therapy including Family Sessions-Me ensive Outpatient Therapy-Mental Health; Inten edicaid); Assessment: Co-Occurring | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess | py - Co-occurring; Int | tensive Outpatient: |
| Other Services: Slidir | ding Fee Scale; Bilingual Services; | | | |
| Bender, Jennifer Goo | ood Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Grou Co-C Non- | oups; Adult Non-Residential Services Outpatier -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 Ser ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | tpatient Therapy; Pre-Treatment Assessment (| | | |
| | n-Treatment: Intensive Family Preservation; Ou tpatient Therapy - Co-occurring; Assessment: F | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Pre-Treatment Assessment (Medicaid) | uding Family Session | ns-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 |
|---|---|--|---|---|
| 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/Educa nt - Family; Adult Non-Residential Services Outpatient - Indiv rvices Intervention/Education; Juvenile Non-Residential Servi dential Services Outpatient - Individual | idual; Juvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; C | Outpatient Therapy - Eating [| Disorder; Assessmen |
| 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: | Intensive Outpatient: Intensive Outpatient Therap | utpatient Therapy including Group Sessions-Mental Health; C by-Youth Who Sexually Harm; Assessment: Pre-Treatment As | | |
| Other Services: | Exam (MSE); Assessment: Juvenile Who Sexual | ly Harm Risk Assessment | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69 | | |
| | | | 9887 (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential | tion; Adult Non-Residential atient - Family; Adult Non-Re | Services Care esidential Services |
| Mental Health Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Resid | tion; Adult Non-Residential atient - Family; Adult Non-Re | Services Care esidential Services |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser | valuations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Resid | tion; Adult Non-Residential atient - Family; Adult Non-Re | Services Care esidential Services |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment | valuations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Resid | tion; Adult Non-Residential atient - Family; Adult Non-Re | Services Care esidential Services |
| Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Bilingual Services; | valuations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outpa rvices Outpatient - Co-Occurring Treatment; Adult Non-Resid (bio-psychosocial); Co-Occurring | ition; Adult Non-Residential atient - Family; Adult Non-Re ential Services Intensive Ou | Services Care sidential Services tpatient Treatment |
| Mental Health Services: Juvenile Services: Other Services: Cattau, Jeanne Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment Sliding Fee Scale; Bilingual Services; | valuations; Adult Non-Residential Services Intervention/Educates Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residervices Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring 1306 Andrews Drive Box 1163 Norfolk NB 68701 | ition; Adult Non-Residential atient - Family; Adult Non-Re ential Services Intensive Ou | Services Care sidential Services tpatient 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 | utpatient Therapy - Individual-Mental Health; Outpatient Therapy i | ncluding Family Sessic | ns-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 Non-Treatment: Family Support Worker; Commu | nity Treatment Aide | | |
| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| | Non-Treatment: Family Support Worker; Non-Tre Non-Treatment: Anger Management Class; Non- | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu eatment: Intensive Family Preservation; Non-Treatment: Supervise Treatment: Mentoring; Outpatient Therapy - Individual-Mental Hea ating Disorder; Assessment: Pre-Treatment Assessment (Medicaid | d Visitation; Non-Treat Ith; Outpatient Therapy | including Family |
| 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 Emergency Services Social Detox; Adult As 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-Res ups; Adult Non-Residential Services Outpatient - Family; Adult Non Occurring Treatment; Adult Non-Residential Services Intensive Out ervices Substance Abuse Evaluations; Juvenile Non-Residential Se le Non-Residential Services Outpatient - Family; Juvenile Non-Res o-Occurring Treatment; Juvenile Non-Residential Services Intensiv | Residential Services (patient Treatment; Adu prvices Intervention/Edu sidential Services Outp | Dutpatient - Individual It Residential Service Jcation; Juvenile Non- atient - Individual; |
| | | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpat g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| | Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 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; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C enile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Resi ervices Intensive Outpa on; Juvenile Non-Resi Outpatient - Family; Juv | dential Services atient Treatment; dential Services enile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | Occurring | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient Th Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | erapy - Co-occurring; I | ntensive Outpatien |
| 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; Juve Juvenile Non-Residential Services Outpatient - C | 0 | dult Non-Residential S Abuse Evaluations; Juv | ervices Intensive enile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| 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; 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 Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); | Psychological Evaluation | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | outpatient Therapy including Group Sessions-Mental Health; Out Sexually Harm; Outpatient Therapy - Eating Disorder; Assessme sment: Psychological Evaluation; Assessment: Juvenile Who Se | ent: Pre-Treatment Asses | sment (Medicaid); |
| 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 Partial C Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residentia | | It Non-Residential Service | s Outpatient - Co- |
| | 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 |
| 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/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 Services Substance Abuse le Non-Residential Servic | Services Outpatient Evaluations; Juven es Outpatient - Fami |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy inc | Non-Treatment: Anger Management Class; Non-Treatment: Gene luding Group Sessions-Mental Health; Outpatient Therapy includ ensive Outpatient Therapy-Mental Health; Intensive Outpatient: aid); Assessment: Co-Occurring | ding Family Sessions-Mer | ital Health; Outpatier |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Me apy including Family Sessions-Mental Health; Outpatient Therap ient Therapy-Mental Health; Intensive Outpatient: Intensive Outp aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Fo | y - Eating Disorder; Outpa patient Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |

| Name | Agency | Address | Phone | Fax |
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| 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: | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | eatment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Mar -Mental Health; Outpatient Therapy including Group Sessions-Mental apy - Eating Disorder; Community Treatment Aide; Intensive Outpatie t- Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | hagement Class; No Health; Outpatient nt: Intensive Outpati -Co-occurring; Asse | n-Treatment: Genera Therapy including ient Therapy-Mental essment: Pre- |
| Other Services: | Bilingual 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 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: | | | | |
| Peters, Martinique | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| 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 |
| | 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 Res sidential Services Outpatient - Groups; Juvenile Non-Residential Serv enile Non-Residential Services Outpatient - Co-Occurring Treatment; A | ential Services Outp sidential; Juvenile A ices Outpatient - Fa | batient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | Family Sessions- |

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 Assessment (Medicaid); Assessment: Sliding Fee Scale; | Mental Status Exam (MSE); Assessment: Psychological Evalua | tion; Assessment: Co-Oc | curring |
| 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); Psych | ological Evaluation | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Family Sessions-Mental Health; Outpent Assessment (Medicaid); Assessment: Mental Status Exam | patient Therapy - Eating I | |
| Other Services: | | 1996991116111 | | |
| 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/Educatior nt - 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 (hin-nsvchosocial) | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic | Services Outpatien e Evaluations; Juver es Outpatient - Fam |
| 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 - Individual-Mental Health; Outpatient Therapy | nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil adividual; Juvenile Non-Residential Services Outpatient - Co-Occ (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outp | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic surring Treatment; Juveni | Services Outpatien e Evaluations; Juver es Outpatient - Fam le Non-Residential |
| 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 - Individual-Mental Health; Outpatient Therapy | nt - 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 ervices Substance Abuse e Non-Residential Servic surring Treatment; Juveni | Services Outpatient e Evaluations; Juver es Outpatient - Fam le Non-Residential |
| 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 - Individual-Mental Health; Outpatient Therapy - Co-occurring | nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil adividual; Juvenile Non-Residential Services Outpatient - Co-Occ (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outp | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic surring Treatment; Juveni | Services Outpatient e Evaluations; Juver es Outpatient - Fam le Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: Stermensky, Dr. Gage 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 Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - So-occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil adividual; Juvenile Non-Residential Services Outpatient - Co-Occ (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Pre-Treatment Assessment (Medicaid) 1811 Avenue A Scottsbluff NB 69361 raluations; Adult Non-Residential Services Outpatient - Groups; A ive Outpatient Treatment; Juvenile Assessment Services Substal le Non-Residential Services Outpatient - Individual | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic surring Treatment; Juveni eatient Therapy including (417)413-0085 Adult Non-Residential Sence Abuse Evaluations; A | Services Outpatient e Evaluations; Juver es Outpatient - Fam le Non-Residential Family Sessions- (308)832-4844 rvices Outpatient - Juvenile Non- |
| Mental Health Services: Juvenile Services: Other Services: Stermensky, Dr. Gage 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 Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenii Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Voutpatient Mental Health; Outpatient - Groups; Juvenii Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Noutpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment | nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil adividual; Juvenile Non-Residential Services Outpatient - Co-Occ (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Pre-Treatment Assessment (Medicaid) <u>1811 Avenue A Scottsbluff NB 69361</u> aluations; Adult Non-Residential Services Outpatient - Groups; A ive Outpatient Treatment; Juvenile Assessment Services Substa le Non-Residential Services Outpatient - Groups; A utpatient Therapy including Group Sessions-Mental Health; Outp (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva utpatient Therapy including Group Sessions-Mental Health; Outp Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out t Assessment (Medicaid); Assessment: Mental Status Exam (MS | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic surring Treatment; Juveni eatient Therapy including (417)413-0085 Adult Non-Residential Sence Abuse Evaluations; a aluation; Psychological E patient Therapy including spatient: Intensive Outpat | Services Outpatient e Evaluations; Juver es Outpatient - Fam le Non-Residential Family Sessions- (308)832-4844 rvices Outpatient - Juvenile Non- valuation Family Sessions- ient Therapy-Youth |
| Mental Health Services: Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: 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 - Im Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenii Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Voutpatient Therapy - Youth Who S | nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil adividual; Juvenile Non-Residential Services Outpatient - Co-Occ (bio-psychosocial) utpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Pre-Treatment Assessment (Medicaid) <u>1811 Avenue A Scottsbluff NB 69361</u> aluations; Adult Non-Residential Services Outpatient - Groups; A ive Outpatient Treatment; Juvenile Assessment Services Substa le Non-Residential Services Outpatient - Groups; A utpatient Therapy including Group Sessions-Mental Health; Outp (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva utpatient Therapy including Group Sessions-Mental Health; Outp Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out t Assessment (Medicaid); Assessment: Mental Status Exam (MS | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic surring Treatment; Juveni eatient Therapy including (417)413-0085 Adult Non-Residential Sence Abuse Evaluations; a aluation; Psychological E patient Therapy including spatient: Intensive Outpat | Services Outpatient e Evaluations; Juver es Outpatient - Fam le Non-Residential Family Sessions- (308)832-4844 rvices Outpatient - Juvenile Non- valuation Family Sessions- ient Therapy-Youth |

Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Community Treatment Aide; Assessment: Pre-Treatment Assessment (Medicaid)

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave 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 - Individual; rvices Intervention/Education; Juvenile Non-Residential Services O | Juvenile Assessment S | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Assessr | nent: Pre-Treatment Assessment (Medicaid) | | |
| 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; | valuations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile I ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur (hip-psychosocial): Co-Occurring | Adult Non-Residential vices Substance Abuse Non-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; patient - Individual; Juvenile Non-Residential Services Outpatient - | - Family; Adult Non-Res Services Substance Ab Juvenile Non-Residentia | sidential Services use Evaluations; al Services Outpatien |
| 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: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient Therapy - Individu ent Therapy including Family Sessions-Mental Health; Outpatient [–] 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 |
|---------------------------|--|--|----------------------------|------------------|
| 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-Treatmen psychosocial); Adults who Sexually Harm E | nt Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation | on (YWSH); Pre-Treatment | Assessment (bio- |
| Juvenile Services: | Non-Treatment: Intensive Family Preservat Outpatient Therapy - Youth Who Sexually H | ion; Outpatient Therapy - Individual-Mental Health; Outpatient The Harm; Community Treatment Aide; Intensive Outpatient: Intensive (Medicaid); Assessment: Juvenile Who Sexually Harm Risk Assess | Outpatient Therapy-Youth W | |

Other Services: Sliding Fee Scale; Hearing Impaired;

| 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: | Adult Assessment Services Substance Abuse Ev Outpatient Treatment; Juvenile Assessment Serv Residential Services Intensive Outpatient Treatm | aluations; Adult Non-Residential Services Outpatient - Individual; Ad vices Substance Abuse Evaluations; Juvenile Non-Residential Servic uent | ult Non-Residential S es Outpatient - Indivi | Services Intensive dual; Juvenile Non- |
| 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: | 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: | | | | |
| 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-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie 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 | ealth; Outpatient The th; Intensive Outpati | erapy - Youth Who ent: Intensive |

| 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 Evaluation | ons | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio- | psychosocial); Co- |
| | including Family Sessions-Mental Health; Outpati (Medicaid); Assessment: Mental Status Exam (M | on-Treatment: Supervised Visitation; Outpatient Therapy - Individual- ient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; As SE); Assessment: Co-Occurring | Mental Health; Outp ssessment: Pre-Trea | atient Therapy tment Assessment |
| Other Services: | Sliding Fee Scale; | · · | | |
| Springer, Jo | Spouse Abuse Sexual Assault Crisis Center, Inc | 220 S Burlington, Suite 4 Hastings NB 68901 | (402)463-5810 | |
| 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; | 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 Abuse n-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| | | | t Thorony including | Family Cassiana |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | it merapy including | Family Sessions- |
| 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 (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | Abuse Evaluations; J | luvenile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | nt Therapy including ent: Intensive Outpati | Family Sessions- ent Therapy-Youth |
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| Name | Agency | Address | Phone | Fax |
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| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - G | roups; Juvenile Non-Resid | ential Services |
| Mental Health Services: | Outpatient - Individual; Juvenile Non-Residential Outpatient Therapy | Services intensive Outpatient Treatment | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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 ent - Family; Adult Non-Residential Services Outpatient - Individ rervices Substance Abuse Evaluations; Juvenile Non-Residentia H; Juvenile Non-Residential Services Outpatient - Groups; Juve tient - Individual | ual; Adult Non-Residential al Services Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-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-Occu | urring Treatment | |
| Mental Health Services: | Outpatient Therapy; Medication Evaluation; Juve | nile Pre-Treatment Assessment (PTA); Pre-Treatment Assessn | nent (bio-psychosocial) | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Ass Evaluation; Assessment: Mental Status Exam (MSE); Assessme | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | ual; Adult Non-Residential al Services Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | 1 137 | utpatient Therapy including Group Sessions-Mental Health; Out | tnatient Therany including | Family Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | | patient merapy including | 1 aniiy 363310113- |
| Other Services. | Shung ree 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier j; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| Other Services: | | | | |

| 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; 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; | 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 (bio-psychosocial); Co-Occurring | dult Non-Residential ces Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Individual-Mental Health; Outpatient Therapy incl | Ion-Treatment: Anger Management Class; Non-Treatment: General E Iuding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Inten aid); Assessment: Co-Occurring | amily Sessions-Mer | ntal Health; Outpatient |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- o 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 | 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) | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| 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 | | |
| | Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpat | ient Therapy-Youth |
| 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; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap 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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Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|---|
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| Substance Abuse Services: | | raluations; 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 | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | luation | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpa Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: I sment: Juvenile Who Sexually Harm Risk Assessment; Assessme | Pre-Treatment Assessm | |
| 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/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | · · · · · · · · · · · · · · · · · · · | 9 | |
| | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outp Health; Assessment: Mental Status Exam (MSE) | atient Therapy - Eating | Disorder; Intensive |
| | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; | | atient Therapy - Eating | Disorder; Intensive |
| | Outpatient: Intensive Outpatient Therapy-Mental | | (402)879-5959 | Disorder; Intensive (402)759-3803 |
| Other Services: Betka, Cindy | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev | Health; Assessment: Mental Status Exam (MSE) | (402)879-5959 Adult Non-Residential | (402)759-3803 |
| Other Services: Betka, Cindy Substance Abuse Services: | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev | Health; Assessment: Mental Status Exam (MSE) 942 N 13th St. Geneva NB 68361 raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua | (402)879-5959 Adult Non-Residential | (402)759-3803 |
| Other Services: Betka, Cindy Substance Abuse Services: Mental Health Services: | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | Health; Assessment: Mental Status Exam (MSE) 942 N 13th St. Geneva NB 68361 raluations; Adult Non-Residential Services Intervention/Education int - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial) Treatment: General Education Class; Outpatient Therapy - Individ ent Therapy including Family Sessions-Mental Health; Outpatient | (402)879-5959 Adult Non-Residential I | (402)759-3803 Services Outpatient - patient Therapy |
| Other Services: Betka, Cindy Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | Health; Assessment: Mental Status Exam (MSE) 942 N 13th St. Geneva NB 68361 raluations; Adult Non-Residential Services Intervention/Education int - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial) Treatment: General Education Class; Outpatient Therapy - Individ | (402)879-5959 Adult Non-Residential I | (402)759-3803 Services Outpatient - patient Therapy |
| Other Services: Betka, Cindy Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatment | Health; Assessment: Mental Status Exam (MSE) 942 N 13th St. Geneva NB 68361 raluations; Adult Non-Residential Services Intervention/Education int - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial) Treatment: General Education Class; Outpatient Therapy - Individ ent Therapy including Family Sessions-Mental Health; Outpatient | (402)879-5959 Adult Non-Residential I | (402)759-3803 Services Outpatient - patient Therapy |
| Other Services: Betka, Cindy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Brugger, Keri Substance Abuse Services: | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | Health; Assessment: Mental Status Exam (MSE) 942 N 13th St. Geneva NB 68361 raluations; Adult Non-Residential Services Intervention/Education ont - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial) Treatment: General Education Class; Outpatient Therapy - Individua (bin Therapy including Family Sessions-Mental Health; Outpatient nent Assessment (Medicaid); Assessment: Co-Occurring 2608 Oldfair Rd. Grand Island NB 68803 raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua | (402)879-5959 Adult Non-Residential Iual-Mental Health; Outp Therapy - Eating Disord (308)382-5297 Adult Non-Residential | (402)759-3803 Services Outpatient - batient Therapy der; Outpatient (308)382-5315 Services Outpatient - |
| Other Services: Betka, Cindy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Brugger, Keri Substance Abuse Services: Mental Health Services: | Outpatient: Intensive Outpatient Therapy-Mental Sliding Fee Scale; FGH Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment | Health; Assessment: Mental Status Exam (MSE) 942 N 13th St. Geneva NB 68361 raluations; Adult Non-Residential Services Intervention/Education ont - Family; Adult Non-Residential Services Outpatient - Individua (bio-psychosocial) Treatment: General Education Class; Outpatient Therapy - Individua (bin Therapy including Family Sessions-Mental Health; Outpatient nent Assessment (Medicaid); Assessment: Co-Occurring 2608 Oldfair Rd. Grand Island NB 68803 raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua | (402)879-5959 Adult Non-Residential Iual-Mental Health; Out Therapy - Eating Disor (308)382-5297 Adult Non-Residential I; Adult Non-Residential | (402)759-3803 Services Outpatient - batient Therapy der; Outpatient (308)382-5315 Services Outpatient - Services Outpatient |

| Name | Agency | Address | Phone | Fax |
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| 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 S | | | |
| | | atment Assessment (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Ou ssment (Medicaid); Assessment: Mental Status Exam (MSE) | tpatient Therapy including | Family Sessions- |
| Other Services. | Sliding Fee Scale; | | | |
| Deal, Leslie | Counseling Solutions | 320 W 9th St York NB 68467 | (402)835-9672 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Co-C | ups; Adult Non-Residential Services Outpatient - Family; Adult N Dccurring Treatment; Juvenile Non-Residential Services Outpat rvices Outpatient - Individual; Juvenile Non-Residential Service | ient - Groups; Juvenile No | n-Residential Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | 2109 S 24th St Lincoln NB 68502 valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpati rvices Outpatient - Co-Occurring Treatment; Adult Non-Resider | on; Adult Non-Residential ent - Family; Adult Non-Re | sidential Services |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Educations Outpatient - Groups; Adult Non-Residential Services Outpati | on; Adult Non-Residential ent - Family; Adult Non-Re | sidential Services |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Outpatient Therapy; Co-Occurring | valuations; Adult Non-Residential Services Intervention/Educations Outpatient - Groups; Adult Non-Residential Services Outpati | on; Adult Non-Residential ent - Family; Adult Non-Re | sidential Services |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Outpatient Therapy; Co-Occurring | valuations; Adult Non-Residential Services Intervention/Educations Outpatient - Groups; Adult Non-Residential Services Outpati | on; Adult Non-Residential ent - Family; Adult Non-Re | sidential Services |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Outpatient Therapy; Co-Occurring | valuations; Adult Non-Residential Services Intervention/Educations Outpatient - Groups; Adult Non-Residential Services Outpati | on; Adult Non-Residential ent - Family; Adult Non-Re | sidential Services |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Harris, JennaLee Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Outpatient Therapy; Co-Occurring Sliding Fee Scale; OZ-Some Possibilities Counseling 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 | Frailuations; Adult Non-Residential Services Intervention/Educations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient 6150 Highway 136 STE 1 Hebron NB 68370 Frailuations; Adult Non-Residential Services Intervention/Educations; Adult Non-Residential Services Outpatient - Individient - Family; Adult Non-Residential Services Outpatient - Individient - Family; Adult Non-Residential Services Outpatient - Individient - Family; Juvenile Services Outpatient - Family; Juvenile Servic | on; Adult Non-Residential S ent - Family; Adult Non-Re tial Services Intensive Ou (402)853-3929 on; Adult Non-Residential ual; Adult Non-Residential al Services Intervention/Ec | esidential Services tpatient Treatment Services Outpatient - Services Outpatient - lucation; Juvenile |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Harris, JennaLee Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Outpatient Therapy; Co-Occurring Sliding Fee Scale; OZ-Some Possibilities Counseling 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 | 6150 Highway 136 STE 1 Hebron NB 68370 6150 Highway 136 STE 1 Hebron NB 68370 raluations; Adult Non-Residential Services Intervention/Education caluations; Adult Non-Residential Services Intervention/Education caluations; Adult Non-Residential Services Intervention/Education caluations; Adult Non-Residential Services Outpatient - Individ carvices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile I co-Occurring Treatment (bio-psychosocial); Co-Occurring | on; Adult Non-Residential S ent - Family; Adult Non-Re tial Services Intensive Ou (402)853-3929 on; Adult Non-Residential ual; Adult Non-Residential al Services Intervention/Ec Non-Residential Services (| esidential Services tpatient Treatment Services Outpatient - Services Outpatient - lucation; Juvenile Outpatient - Individual |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Harris, JennaLee Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Outpatient Therapy; Co-Occurring Sliding Fee Scale; OZ-Some Possibilities Counseling 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 for Non-Treatment: Anger Management Class; Non- | Frailuations; Adult Non-Residential Services Intervention/Educations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient 6150 Highway 136 STE 1 Hebron NB 68370 Frailuations; Adult Non-Residential Services Intervention/Educations; Adult Non-Residential Services Outpatient - Individient - Family; Adult Non-Residential Services Outpatient - Individient - Family; Adult Non-Residential Services Outpatient - Individient - Family; Juvenile Services Outpatient - Family; Juvenile Servic | on; Adult Non-Residential S ent - Family; Adult Non-Re tial Services Intensive Ou (402)853-3929 on; Adult Non-Residential ual; Adult Non-Residential al Services Intervention/Ec Non-Residential Services (vidual-Mental Health; Outp | esidential Services tpatient Treatment Services Outpatient - Services Outpatient - lucation; Juvenile Outpatient - 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 | | |
| 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 |
| 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 | 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 l Services Outpatient - Groups; Juvenile Non-Residential Services C esidential Services Outpatient - Co-Occurring Treatment; Juvenile No (bio psychosocial): Co Occurring | ırring Treatment; Adul n-Residential Service Dutpatient - Family; Ju | t Non-Residential s venile Non-Residentia |
| | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Mental Status Exam (MS | ; Intensive Outpatient | Intensive Outpatient |
| 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: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Assessment Services Substance Abuse Evaluations; Juvenile Not I Services Outpatient - Family; Juvenile Non-Residential Services O Treatment; Juvenile Non-Residential Services Intensive Outpatient | Irring Treatment; Adul n-Residential Service utpatient - Individual; | t Non-Residential |
| | Occurring; Adults who Sexually Harm Evaluation Outpatient Therapy - Individual-Mental Health; O | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treat utpatient Therapy including Family Sessions-Mental Health; Outpat Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu | ient Therapy - Co-occ | urring; Intensive |
| Other Services: | Assessment (Medicaid); Assessment: Mental Sta | | anning, Assessment. Pi | e-mealment |

| 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 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential 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-Reside | Adult Non-Residentia Dual Residential (MH Non-Residential Ser ily; 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 | | |
| | | 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: | Family; Adult Non-Residential Services Partial C. Occurring Treatment; Adult Non-Residential Services Extended Residential; Adult Residential Outpatient Therapy; Pre-Treatment Assessment | | n-Residential Service | es Outpatient - Co- |
| 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 | Evaluation | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpati ental Health; Outpatient Therapy including Family Sessions-Mental I order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessm sment: Juvenile Who Sexually Harm Risk Assessment | Health; Outpatient Th alth; Intensive Outpati | erapy - Youth Who ient: Intensive |
| Other Services: | | | | |
| Lowery, Angel | All Communities Outreach Services DBA TRAC Reentry Services | 7608 S 25th Street Bellevue NB 68147 | (402)257-1122 | |
| Substance Abuse Services: | | | | |
| | Outpatient Thereny | | | |
| Mental Health Services: | | | | |
| Mental Health Services: 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

| G Ci Ju Ju Mental Health Services: O Juvenile Services: O | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Jon-Residential Services Intervention/Education; uvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Dutpatient Therapy; Pre-Treatment Assessment (| 2636 Woodsdale Blvd Lincoln NB 68502 aluations; Adult Non-Residential Services Intervention/Educat nt - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment Juvenile Non-Residential Services Outpatient - Groups; Juve dividual; Juvenile Non-Residential Services Outpatient - Co-O (bio-psychosocial); Co-Occurring | dual; Adult Non-Residential t Services Substance Abuse nile Non-Residential Servic Occurring Treatment; Juveni | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
|--|--|---|---|---|
| G Ci Ju Ju Mental Health Services: O Juvenile Services: O | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Jon-Residential Services Intervention/Education; uvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Dutpatient Therapy; Pre-Treatment Assessment (| nt - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment Juvenile Non-Residential Services Outpatient - Groups; Juve dividual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential t Services Substance Abuse nile Non-Residential Servic Occurring Treatment; Juveni | Services Outpatient e Evaluations; Juver es Outpatient - Fam |
| Juvenile Services: O | | (bio-psychosocial); Co-Occurring | | |
| | Dutpatient Therapy - Individual-Mental Health: Ou | | | |
| Other Services: Ci | Iental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Ou 9 | utpatient Therapy including | Family Sessions- |
| Other Services: SI | bliding Fee Scale; | | | |
| | emke Michels Psychotherapy - Stacey /lichels PC | 942 N 13th St Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| In As Fa Ri | ndividual; Adult Non-Residential Services Outpat Assessment Services Substance Abuse Evaluatic | | es Intensive Outpatient Trea n; Juvenile Non-Residential | tment; Juvenile Services Outpatient |
| Juvenile Services: N O O | Ion-Treatment: Anger Management Class; Outpatient Dutpatient Therapy - Eating Disorder; Outpatient Dutpatient: Intensive Outpatient- Eating Disorder; | atient Therapy - Individual-Mental Health; Outpatient Therapy Therapy - Co-occurring; Intensive Outpatient: Intensive Outpa ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr evaluation; Assessment: Mental Status Exam (MSE) | atient Therapy-Mental Healt | h; Intensive |
| Other Services: SI | | | | |
| | 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: O | Dutpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) |) | |
| | | on-Treatment: Anger Management Class; Outpatient Therapy ient Therapy - Eating Disorder; Assessment: Pre-Treatment A | | Outpatient Therapy |
| Other Services: | | | | |
| Paine, Mary C | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | | | |

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 |
|--|---|---|---|--|
| Rivera, Elia | | 312 North Elm Street Suite 105 Grand Island NB 68801 | (308)383-2208 | |
| 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 Non Co-Occurring Treatment | Adult Non-Residential S ervices Intervention/Edu | Services Outpatient - ication; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy - Co-occurring | patient Therapy - Individual-Mental Health; Outpatient Therapy inclu | ding Group Sessions-M | ental Health; |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: Mental Health 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 - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occur (bio-psychosocial) | Adult Non-Residential S vices Substance Abuse Ion-Residential Service | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| Juvenile Services: | | outpatient Therapy including Group Sessions-Mental Health; Outpati g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | · | | |
| Other Services: | Sliding Fee Scale | | | |

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 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance A le Non-Residential Services Outpatient - Individual | | | |
| Mental Health Services: | Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; 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-Yo 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 | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Taylor, Nathaniel | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)450-8645 | | |
| | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | | |
| 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: | | | | | |
| 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 | oio-psychosocial) | | |
| | | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessm valuation; Assessment: Mental Status Exam (MSE); Assessment: Me | | | |
| | | | | | |
| | (Medicaid); Assessment: Outpatient Psychiatric E | | | | |
| Other Services: White, Lisa | (Medicaid); Assessment: Outpatient Psychiatric E Sliding Fee Scale; Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 835 S Burlington Ste 115 Hastings NB 68901 aluations; Adult Non-Residential Services Intervention/Education; Adu rt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Ad | dication Manageme (308)383-1622 ult Non-Residential dult Non-Residential rices Intervention/Ec | ent 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 |
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Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring

Other Services: Sliding Fee Scale;