Juvenile Services:

Other Services: Sliding Fee Scale; Bilingual Services;

| Name | Agency | Address | Phone | Fax | |
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| Arroyo-Herrera, Adriana | Arroyo-Stoltenberg Counseling | 2121 N Webb Rd Suite 104 Grand Island NB 68803 | (308)370-3678 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - | dult Non-Residential es Intervention/Educ | Services Intensive ation; Juvenile Non- | |
| | Pre-Treatment Assessment (bio-psychosocial); C | e-Treatment Assessment (bio-psychosocial); Co-Occurring; Psychological Evaluation | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Babutzke, Jamie | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (402)463-5684 | (402)463-5686 | |
| Mental Health Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment Outpatient 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: | Sliding Fee Scale; | , , , , , , , , , , , , , , , , , , , | S . | | |
| Bittner, Nichole | Hope To Healing Recovery Center | 223 East 14th St Suite 270 Hastings NB 68901-3257 | (402)460-1062 | (402)463-9124 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; J vices Intervention/Education; Juvenile Non-Residential Services Out lential Services Outpatient - Individual | uvenile Assessment | Services Substance | |
| Mental Health Services: | , | • | | | |
| Juvenile Services: | | | | | |
| Other Services: | Bilingual Services; | | | | |
| Bittner, Nichole | Hastings Regional Center | P.O. Box 579 Hastings NB 68902 | (402)460-3161 | (402)460-3144 | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations; Juvenile Residential Services Extended Residential or | SA Residential Treat | ment Center | |
| Mental Health Services: | | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ns | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Buchta, Lisa | Hastings Regional Center | P.O. Box 579 Hastings NB 68902 | (308)224-6339 | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations; Juvenile Residential Services Extended Residential or S | A Residential Treat | ment Center |
| Mental Health Services: | | | | |
| | Assessment: Psychological Evaluation | | | |
| Other Services: | | | | |
| Chavez, Sara | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | (402)463-5686 |
| | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenila Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurrie Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services | ng Treatment; Adult | Non-Residential |
| | Crisis Phone Line; Outpatient Therapy; Pre-Treat | , , , | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Cox, Sally Marie | South Central Behavioral Services | 724 S Burlington Ave Hastings NB 68901 | (402)463-7435 | (402)463-5686 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Reside patient Treatment | lult Non-Residential s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: I | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax | |
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| Crouse, Brian | Catalyst2 | 31665 Spring Valley Rd Hyannis NB 69350 | (402)310-5607 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Occurring Treatment; Juvenile Non-Residential Services Intensive | dult Non-Residential ces Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; | |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Juvenile F psychosocial); Co-Occurring | isis Phone Line; Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-ychosocial); 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; int Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | Intensive Outpatient: | : Intensive Outpatient | |
| Other Services: | Sliding Fee Scale; | | | | |
| Daiss, Doyle | Compass Point Counseling | 225 North St. Joseph Ave. Hastings NB 68901-7555 | (402)463-5075 | (402)463-5073 | |
| Substance Abuse Services: Mental Health Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Ser reatment | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; int Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | Intensive Outpatient: | : Intensive 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 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-Occurrir | ring Treatment; Juve idential Services Out | nile Assessment | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie Pre-Treatment Assessment (Medicaid); Assessment: Mental Status o-Occurring | | | |
| Other Services: | | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|---|---|---|--|
| Fluhart, Sarah | Perspectives Professional Counseling | 223 East 14th Street Suite#9 Hastings NB 68901 | (402)834-0884 | (888)972-3670 |
| Substance Abuse Services: Mental Health Services: | | valuations; Juvenile Assessment Services Substance Abuse Eva | aluations | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Educationt - Individual; Adult Non-Residential Services Outpatient - Co-Cesidential Services Outpatient - Family; Juvenile Non-Residential reatment | occurring Treatment; Juve | nile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatiel Services Intensive Outpatient Treatment; Adult R | valuations; Adult Non-Residential Services Intervention/Educationt - Individual; Adult Non-Residential Services Outpatient - Co-Cesidential Services Dual Residential (MH/SA); Juvenile Assessi amily; Juvenile Non-Residential Services Outpatient - Individual ial Services Intensive Outpatient Treatment | Occurring Treatment; Adultinent Services Substance | t Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Out | patient Therapy - Co-occ | 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 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C e Assessment Services Substance Abuse Evaluations; Juvenile family; Juvenile Non-Residential Services Outpatient - Individual ial Services Intensive Outpatient Treatment | Occurring Treatment; Adul Non-Residential Services | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Out g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurri | patient Therapy including | |

(Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|---|
| 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 Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult it - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatmo | ng Treatment; Juver ntial Services Outpat | ille Assessment ient - Family; Juvenile |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | rring; Assessment: |
| Hruska, Michael | New Dimensions Counseling | 223 East 14th, Suite 220 Hastings NB 68901 | (402)303-0430 | (402)463-9169 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Individual; Juvenile Assessment Services Substat Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment (| aluations; Adult Non-Residential Services Outpatient - Family; Adult None Abuse Evaluations; Juvenile Non-Residential Services Outpatien (bio-psychosocial); Co-Occurring atpatient Therapy including Family Sessions-Mental Health; Assessmit | t - Family; Juvenile N | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | dult Non-Residential ces Partial Care; Adu Substance Abuse E n-Residential Service g Treatment; Juvenil | Services Outpatient - ilt Residential valuations; Juvenile es Outpatient - Family e Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | D'' 10 ' | | | |
| Other Services: | Bilingual Services; | | | |
| Kelly, Mike | South Central Behavioral Services | 616 W 5th St Hastings, NB 68901 | (402)326-7329 | |

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 - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient -

Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

Juvenile Services:

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Other Services: | Sliding Fee Scale; | | | |
| Kramer-Reynolds, Debbie | Hope To Healing Recovery Center | 223 East 14th St Suite 270 Hastings NB 68901-3257 | (402)460-1062 | (402)463-9124 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Jvices Intervention/Education; Juvenile Non-Residential Services Outential Services Outpatient - Individual | luvenile Assessment | Services Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kramer-Reynolds, Debbie | Hastings Regional Center | P.O. Box 579 Hastings NB 68902 | (402)462-1971 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Annt - Family; Adult Non-Residential Services Outpatient - Individual; Andervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Roccurring Treatment | Adult Non-Residential rvices Intervention/Ec | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Lange, Robyn | Two Bridges Counseling | 513 N Grant St Ste 3A Lexington NB 68850 | (308)324-0222 | (308)324-0225 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Annt - Family; Adult Non-Residential Services Outpatient - Individual; Aices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residentiant Treatment | Adult Non-Residential ces Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Lee, Jia Yin | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv Outpatient - Individual; Juvenile Non-Residential | idual; Adult Non-Residential Services Outpatient - Co-Occurring Tre Services Outpatient - Co-Occurring Treatment | atment; Juvenile Non | -Residential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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: Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|--|--|---|---|--|--|
| Maxson, Thomas | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | | ; Adult Non-Residential S Services Intervention/Edu n-Residential Services On | ervices Outpatient cation; Juvenile utpatient - Individua | | |
| 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 | utpatient Therapy including Group Sessions-Mental Health; Outpa Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: P sment: Psychological Evaluation; Assessment: Juvenile Who Sexu | re-Treatment Assessmer | nt (Medicaid); | | |
| Other Services: | | | | | | |
| McMaster, Brianna | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | raluations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occe Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occur | urring Treatment; Adult Non-Residential Services (| Ion-Residential | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| McMaster, Brianna | Brianna McMaster | 2217 W 12th St Ste 4 Hastings NB 68901 | (402)469-1058 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | ; Adult Non-Residential S Services Intervention/Edu | ervices Outpatient cation; Juvenile | | |
| | 1 32 | | tions Thomas, in alredices F | il Ci | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpa | uent Therapy Including F | amily Sessions- | | |
| Other Services: | | | | | | |
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Ser | ; Adult Non-Residential S | ervices Outpatient | | |

Services Intensive Outpatient Treatment

Juvenile Services: Other Services:

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|---------------------------|--|---|---|---|
| Name | Agency | Address | Phone | Fax |
| 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; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Mohlman, Margaret | | 1714 W. 4th Hastings NB 68901 | (402)469-6386 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual; Juv | enile Assessment S | ervices Substance |
| Mental Health Services: | 7.6000 Evaluations, ouvering from Noolaamian con | Noor Carpation Individual | | |
| Juvenile Services: | | | | |
| Other Services: | No Voucher Acceptance; | | | |
| Mucklow, Greg | Mucklow Counseling Services LLC | 2217 W 12th St Suite 4 Hastings NB 68901 | (308)238-1428 | (402)939-0956 |
| | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment | aluations; Adult Non-Residential Services Outpatient - Family; Adult lient - Co-Occurring Treatment; Juvenile Assessment Services Substernon-Residential Services Outpatient - Individual; Juvenile Non-Residential Services | ance Abuse Evaluat idential Services Ou | ions; Juvenile Non- |
| | | bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Partin, Christopher | Hastings Regional Center | P.O. Box 579 Hastings NB 68902 | (402)460-3124 | (402)460-3144 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations; Juvenile Residential Services Extended Residential or S | SA Residential Treat | ment Center |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Partin, Christopher | Christopher Partin Counseling | 1652 Worms Rd St Libory NB 68872-2906 | (402)705-3684 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Juvenile Assessment Services Outpatiel Co-Occurring Treatment Services Outpatiel Co | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Servenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | • | - | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual;

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| 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-Treatm | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Non-Treatment: Supervised Visitation; Outpatien Therapy - Eating Disorder; Outpatient Therapy - Assessment: Co-Occurring; Non-Treatment: Inte | t Therapy - Individual-Mental Health; Outpatient Therapy including F. Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); An sive Family Preservation | amily Sessions-Ment Assessment: Mental S | al Health; Outpatient Status Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Services | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Aces Substance Abuse Evaluations; Juvenile Non-Residential Servicele Non-Residential Servicele Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - F | dult Non-Residential es Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Riley, Suzanne | Suzanne Riley Counseling LLC | 1917 W Faidley Ave Grand Island NB 68803 | (308)398-0350 | (308)398-0351 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatic 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; Asservices Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurri | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatieg; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/Kin | Intensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual 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 | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Substance Abuse Evaluations; Juvenile Non-Residential Services | dult Non-Residential | Services Outpatient |

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

| Name | Agency | Address | Phone | Fax |
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| | Outpatient Therapy - Co-occurring | atient Therapy - Individual-Mental Health; Outpatient Therapy includ | ing Group Sessions-l | Mental Health; |
| 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: | Monitoring SA/MH; Adult Non-Residential Service Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Individual; Adult Non-Residential Services Outpatient ons; Juvenile Non-Residential Services Intervention/Education; Juvenile to-Occurring Treatment; Juvenile Non-Residential Services | t - Co-Occurring Trea enile Non-Residential | tment; Juvenile Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| 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; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Annt - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Servi Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nidividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residentia ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | 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 Outpatien Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile 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; | | - | |

Juvenile Services: Other Services:

| Name | Agency | Address | Phone | Fax |
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| Shurigar-Meyer, Sarah | Perspectives Professional Counseling | 223 East 14th Street Suite#9 Hastings NB 68901 | (402)984-2670 | |
| 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 - Co | | Adult Non-Residential ervices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment (| , , | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| Other Services: | | | | |
| Spencer, Elizabeth | Lighthouse Counseling Center | 432 N Minnesota Ave Hastings NB 68901 | (402)463-1400 | (402)463-1442 |
| Mental Health Services: Juvenile Services: | Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid | nt - Family; Adult Non-Residential Services Outpatient - Individual; vices Intervention/Education; Juvenile Non-Residential Services Or ential Services Outpatient - Individual | | |
| Other Services: | No Voucher Acceptance; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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; Aduve Outpatient Treatment; Juvenile Assessment Services Substance Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu | e Abuse Evaluations; | Juvenile Non- |
| | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpati Assessment (Medicaid); Assessment: Mental Status Exam (MSE) Assessment; Assessment: Co-Occurring | tient: Intensive Outpat | ient Therapy-Youth |
| | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| Strobel, Barbara | , , | | , | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Aduve Outpatient Treatment; Juvenile Assessment Services Substance Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Indi | e Abuse Evaluations; | Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Lance of the Committee of | | | | |

| 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 Outpat Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Care Monitoring SA/N Family; Juvenile Non-Residential Services Outp | | Adult Non-Residentia ervices Intervention/Ed Non-Residential Serv | Services Outpatient ducation; Juvenile | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment As | utpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy including Family Sessions-Mental Health | | | | |
| Other Services: | | | | | | |
| 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 Outpat Co-Occurring Treatment; Juvenile Assessment | Evaluations; Adult Non-Residential Services Intervention/Education; A ient - Family; Adult Non-Residential Services Outpatient - Individual; Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non Co-Occurring Treatment | Adult Non-Residentia ervices Intervention/Ed | Services Outpatient ducation; Juvenile | | |
| | | Outrotions There is also die a Crossa Consista Montal Health, Outrot | | Family Cassians | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurri | Outpatient Therapy including Group Sessions-Mental Health; Outpati ng; Assessment: Co-Occurring | ent Therapy including | ramily Sessions- | | |
| Other Services: | | | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
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| Barr, Tom | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | | |
| Substance Abuse Services: | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; 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 Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; uvenile Non-Residential Services Intensive Outpatient Treatment | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Non-Treatment: Day Reporting; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Contracted Services: Tracker; Contracted Services: Electronic Monitoring; Assessment: Co-Occurring | | | | |
| Other Services: | Bilingual Services; | | | | |
| 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 Outpatien Services Intensive Outpatient Treatment; Adult Ro Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services | sessment Services Substance Abuse Evaluations; Adult Non-Resider BA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Not to Individual; Adult Non-Residential Services Outpatient - Co-Occurrices Individual; Adult Non-Residential Services Adult Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring Tre | n-Residential Servic ng Treatment; Adult ces Short Term Resi ile Non-Residential S ent - Family; Juvenile | es Outpatient - Non-Residential dential; Juvenile Services Care • Non-Residential | |
| 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; Assessr | y - Co-occurring; Inte | ensive Outpatient: | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Juvenile Assessment Services Substance Abuse Evalua Services Outpatient - Family; Juvenile Non-Residential Services Outp | ations; Juvenile Non- | | |

Mental Health Services:

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Carmichael, Kirk | Carmichael Counseling | 214 N 7th Suite 11 Norfolk NB 68701 | (402)750-1222 | (402)644-1987 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juver ntial Services Outpat | nile Assessment |
| 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; Outpatien | t Therapy - Co-occu | ırring; Assessment: |
| Other Services: | 5 | | | |
| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - G | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Int - Individual; Adult Non-Residential Services Outpatient - Co-Occurricesidential Services Short Term Residential; Juvenile Assessment Serroups; Juvenile Non-Residential Services Outpatient - Family; Juvenilepatient - Co-Occurring Treatment; Juvenile Non-Residential Services | ng Treatment; Adult vices Substance Ab e Non-Residential S | Non-Residential use Evaluations; services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Eating Disorder | utpatient Therapy including Group Sessions-Mental Health; Outpatiender; Outpatient Therapy - Co-occurring | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juver ntial Services Outpat | nile Assessment |

Mental Health Services:

Juvenile Services: 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; Assessment: Psychological Evaluation; Assessment: Co-Occurring

Other Services:

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring;

| Name | Agency | Address | Phone | Fax |
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| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| Substance Abuse Services: | | illy; Adult Non-Residential Services Outpatient - Individual; Adu Services Outpatient - Family; Juvenile Non-Residential Services | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | |
| Gadeken, Angela | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)500-6870 | (402)500-6871 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Intervention/Educati tient - Co-Occurring Treatment; Juvenile Assessment Services enile Non-Residential Services Outpatient - Individual; Juvenile | 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 Therapy - Co-occurring; Assessment: Co-Occurr | utpatient Therapy including Family Sessions-Mental Health; Oเ ing | utpatient Therapy - Eating | Disorder; Outpatient |
| Other Services: | 3, | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | valuations; Adult Non-Residential Services Intervention/Educati nt - Individual; Adult Non-Residential Services Outpatient - Co- Residential Services Dual Residential (MH/SA); Juvenile Assess amily; Juvenile Non-Residential Services Outpatient - Individual ial Services Intensive Outpatient Treatment | Occurring Treatment; Adul sment Services Substance | t Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Ou | utpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Hampton, Betty | Hampton Behavioral Health & Family Services, Inc | 116 West Douglas St Suite B O'Neill NB 68763 | (402)336-3200 | (402)336-3219 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Ev | aluations | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: Juvenile Offender/Victim and Conflict Mediation; O | utpatient Therapy - Individu | ual-Mental Health; |

Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

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Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 | • | Adult Non-Residential S Abuse Evaluations; Juv | ervices Intensive enile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatieg; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Ir | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; As Services Intensive Outpatient Treatment; Adult Non-Residential Servential Services Short Term Residential; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurrice Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services | Adult Non-Residential Sices Partial Care; Adult Substance Abuse Evon-Residential Services Treatment; Juvenile | ervices Outpatient - Residential aluations; Juvenile Outpatient - Family Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kennedy, Jenna | 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 - Groundfult Non-Residential Services Intensive Outpati | ssessment Services Substance Abuse Evaluations; Adult Non-Residups; Adult Non-Residups; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential; Ju | Residential Services Ou uvenile Assessment Se | tpatient - Individual: rvices Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |

Other Services: Sliding Fee Scale; Hearing Impaired; Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual;

| Name | Agency | Address | Phone | Fax | | | |
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| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | It Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - ups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile -Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; enile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential vices Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring | | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non-including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individualent Therapy including Family Sessions-Mental Health; Outpatient Thensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessr | rapy - Co-occurring; | Intensive Outpatient: | | | |
| Other Services: | | | | | | | |
| Lewis, Jackwlyn | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | | | | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Fami Occurring Treatment; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non-I ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | Residential Services tient - Individual; Ju | Outpatient - Co- venile Non-Residential | | | |
| Mental Health Services: | | | | | | | |
| Juvenile Services: Other Services: | Non-Treatment: Day Reporting; Outpatient Thera Services: Electronic Monitoring; Non-Treatment: I | py - Individual-Mental Health; Outpatient Therapy - Co-occurring; Con Family Support Worker | tracted Services: Tr | acker; Contracted | | | |
| Loberg, Katie | 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 Intensive Outpatie Abuse Evaluations; Juvenile Non-Residential Ser | ssessment Services Substance Abuse Evaluations; Adult Non-Residerups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reent Treatment; Adult Residential Services Short Term Residential; Juvices Intervention/Education; Juvenile Non-Residential Services Outplential Services Outpatient - Individual; Juvenile Non-Residential Services | sidential Services C renile Assessment S atient - Groups; Juv | utpatient - Individual; ervices Substance enile Non-Residential | | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | | |
| Juvenile Services: | | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Neuhalfen, Kristen | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Serv | ult Non-Residential | Services Outpatient - | | | |

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|---|---|------------------|--|--|
| 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: Co-Occurring | nt Therapy including | Family Sessions- | | |
| 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 | | |
| | Adult Emergency Services Social Detox; Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient Treatment | | | | | |
| | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A ISE); Assessment: Psychological Evaluation; Assessment: Co-Occurr | ssessment: Pre-Trea | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 | | |
| 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 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; Juvenile Pre-Treatment Ass | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurrin | g | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Non-Treatment: Family Support Worker; Non-Treatment: Intensive Family | | | | |
| Other Services: | | | | | | |
| Stahlecker, Rebecca | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)741-0801 | (402)395-5121 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion | | | |
| Juvenile Services: | outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring; Non-Treatment: Intensive Family Preservation | | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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; Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax | | |
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| Other Services: | | | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance ale Non-Residential Services Outpatient - Individual | | | | |
| Mental Health Services: | | utpatient 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; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatiet t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | ent: Intensive Outpat | ient Therapy-Youth | | |
| 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: | Adult Non-Residential Services Outpatient - Indiv | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor ridual; Juvenile Non-Residential Services Intervention/Education; Juve atient - Family; Juvenile Non-Residential Services Outpatient - Individ | enile Non-Residentia | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Adult | s who Sexually Harr | n Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Community Treatment Aide; Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatier | 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 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Jurvices Intervention/Education; Juvenile Non-Residential Services Outpatient | venile Assessment | Services Substance | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | | | |
| Other Services: | | | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic | dult Non-Residential | Services Outpatient | | |

Services Intensive Outpatient Treatment

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | |
| Other Services: | Sliding Fee Scale; | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Four Prices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co | amily; Adult Non-Re rvices Substance Ab renile Non-Residenti | sidential Services ouse Evaluations; al 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: | | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | Co Cocaning | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | dult Non-Residential rices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave 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 | sessment Services Substance Abuse Evaluations; Adult Non-Reside ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re occurring Treatment; Adult Non-Residential Services Intensive Outpat rvices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Reside | esidential Services C ient Treatment; Adu ces Intervention/Edu | Outpatient - Individual; It Residential Services cation; Juvenile Non- |

Mental Health Services:

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 - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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(Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | | Address | Phone | Fax |
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| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey F | PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment Outpatient Treatment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | itpatient Therapy; Intensive Outpa | including Group Sessions-Mental Health; Outpatier tient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Hendon, April | Region II- Human Services | 401 West 1st | Ogallala NB 69153 | (308)534-6029 | |
| | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment | ient - Co-Occurrin | on-Residential Services Outpatient - Family; Adult I ng Treatment; Juvenile Assessment Services Subst Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluation | ons; Juvenile Non- |
| | Outpatient Therapy; Co-Occurring | | Co constituent Accessorate Co Constituen | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Sliding Fee Scale; | працепт глегару | - Co-occurring, Assessment. Co-occurring | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. | Lincoln NB 68501 | (402)481-5392 | |
| 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 - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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 - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential | | | | |
| Mental Health Services: | | | | | |

| Name | Agency | Address | Phone | Fax | |
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| Stermensky, Dr. Gage | | 1821 1st Ave 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 Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation | | | | |
| | 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-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; | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Baker, Guadalupe | Alcohol and Drug Addiction | 3321 Ave I Suite C Scottsbluff NB 69361 | (308)631-1709 | (308)635-7412 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpatient - Individual | venile Assessment S | Services Substance |
| Mental Health Services: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Cooper, Penny | Cirrus House Inc | 29 S Beltline Highway Scottsbluff NB 69361 | (308)635-1488 | |
| Mental Health Services: Juvenile Services: Other Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu nce Abuse Evaluations; Juvenile Non-Residential Services Interventio | | |
| Cooper, Penny | | 515 Elm St Bayard NB 69334 | (308)631-5523 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Juve | enile Assessment Se | ervices Substance |
| Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Ser | vices Outpatient - Individual | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; | | | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Groups; Juvenile Non-Residential Services Out | ations; Juvenile Nor | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatient lent Assessment (Medicaid); Assessment: Co-Occurring | Therapy - Eating D | isorder; Outpatient |
| Other Cemilers | 0"" = 0 1 | | | |

Mental Health Services: Juvenile Services:

| Name | Agency | Address | Phone | Fax |
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| Crouch, Samuel | | 120 E 16th St Suite C Scottsbluff NB 69361 | (308)225-0500 | |
| | Adult Assessment Services Substance Abuse Eva Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment (| • | l; Juvenile Assessment S | ervices Substance |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | trpatient Therapy including Group Sessions-Mental Health; Outp ; Assessment: Pre-Treatment Assessment (Medicaid); Assessn | patient Therapy including nent: Co-Occurring | Family Sessions- |
| Eckland, Julie | | PO Box 1603 Scottsbluff NB 69363 | (308)225-4780 | (308)217-4277 |
| Mental Health Services: Juvenile Services: Other Services: | Aduit Assessment Services Substance Abuse Eva | aluations; Juvenile Assessment Services Substance Abuse Eva | iuations | |
| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Outpat Residential Services Intervention/Education; Juve Occurring Treatment Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy - Individual-Mental Health; Ou | aluations; Adult Non-Residential Services Intervention/Education ient - Co-Occurring Treatment; Juvenile Assessment Services Simile Non-Residential Services Outpatient - Individual; Juvenile Nessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatpatient Therapy including Family Sessions-Mental Health; Outpent: Mental Status Exam (MSE); Assessment: Co-Occurring | Substance Abuse Evaluat Non-Residential Services eatment Assessment (bio | ions; Juvenile Nor Outpatient - Co- -psychosocial); Co |
| strada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations; Juvenile Assessment Services Substance Abuse Eva | luations | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tre | eatment Assessment (bio | -psychosocial); Co |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Out ent: Mental Status Exam (MSE); Assessment: Co-Occurring | patient Therapy - Co-occ | urring; Assessmer |
| Other Services: | (| | | |
| Garcia, Karri | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1365 | (308)635-7880 |
| | | | | (/ |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|-------------------------------------|-----------------|
| Other Services: | Sliding Fee Scale; | | | |
| Hajek, Marilyn | Destiny Counseling Services | 1023 10th Ave Sidney NB 69162 | (308)254-0737 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpati | Evaluations; Adult Non-Residential Services Outpatient - 6 ent - Individual; Adult Non-Residential Services Intensive esidential Services Outpatient - Groups; Juvenile Non-Re | Outpatient Treatment; Juvenile Asse | ssment Services |
| Mental Health Services: | • | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hall, Anthony | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpat | Evaluations; Adult Non-Residential Services Intervention/litient - Individual; Juvenile Assessment Services Substancal Services Outpatient - Groups; Juvenile Non-Residentia | e Abuse Evaluations; Juvenile Non-l | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Orani de con | Sliding Fee Scale; | | | |
| Other Services: | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |

Mental Health Services:

Juvenile Services:

Other Services: Bilingual Services;

Raney, Sandra Open Door 1870 9th St Gering NB 69341 (308)225-4335 (308)633-2020

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; 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 - 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); Co-

Juvenile Services: Non-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Day Reporting; Non-Treatm

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Group Sessions-Mental Health; Outpatient Therap Outpatient Therapy-Mental Health; Assessment: F Non-Treatment: Family Support Worker | ment: General Education Class; Outpatient Therapy - Individual-Ment by including Family Sessions-Mental Health; Outpatient Therapy - Co- Pre-Treatment Assessment (Medicaid); Assessment: Mental Status E | occurring; Intensive | Outpatient: Intensive |
| Rodriguez, Juanita | ACCS Inc | 1917 Avenue A Scottsbluff NB 69361 | (308)633-1390 | (308)633-1393 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpential Services Outpatient - Individual | venile Assessment | Services Substance |
| Juvenile Services: | Non-Treatment: General Education Class; Non-Tr | reatment: Family Partner; Contracted Services: Electronic Monitoring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intensional Residential Services Outpatient - Groups; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I ve Outpatient Treatment; Juvenile Assessment Services Substance A e Non-Residential Services Outpatient - Individual bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluatio | buse Evaluations; | Juvenile Non- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatient bexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | nt: Intensive Outpat | ient Therapy-Youth |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Dearmont, Melissa | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adal Services Intervention/Education; Juvenile Non-Residential Services e Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Indi | lult Non-Residential Outpatient - Groups | Services Outpatient - s; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu | | • |

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 Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

Mental Health Services:

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|---|------------------------|-----------------|--|
| Juvenile Services: | | | | | |
| Other Services: | Bilingual Services; | | | | |
| Stoll, Miranda | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)870-2630 | | |
| Substance Abuse Services: | ces: 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 - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | · | · · | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including Fa | amily Sessions- | |
| Other Services: | Sliding Fee Scale; | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|--|
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Family; Juvenile Non-Residential Services Out | ations; Juvenile Non | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | Bilingual Services; | | | |
| 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-Residential Residential Services Intensive Outpatient Treatm | | ndividual; Adult Non-l al Services Short Ter on; Juvenile Non-Res | Residential Services m Residential; sidential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | • • • | | |
| | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| Substance Abuse Services: | 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-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juven ntial Services Outpat | ile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Psychological E | | |
| Other Services: | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurricesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Ind | ing Treatment; Adult Services Substance A | Non-Residential Abuse Evaluations; |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Griffin, Melissa | Meadows Behavioral Health INC. | 3314 26th St, Ste A Columbus NB 68601 | (402)564-9888 | (402)564-9899 |
| 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 e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ng Treatment; Adult | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpettal Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t 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 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | <u> </u> | lult Non-Residential ouse Evaluations; Ju | Services Intensive venile Non- |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor | lult Non-Residential es Partial Care; Adu Substance Abuse E | Services Outpatient Ilt Residential valuations; Juvenile |

Mental Health Services:

Juvenile Services:

Other Services: Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Kennedy, Jenna | 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 Intensive Outpat | ssessment Services Substance Abuse Evaluations; Adult Nonups; Adult Non-Residential Services Outpatient - Family; Adult ient Treatment; Adult Residential Services Short Term Residervices Outpatient - Groups; Juvenile Non-Residential Services | Non-Residential Services (ntial; Juvenile Assessment (| Dutpatient - Individual Services Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual S | ervices; | | |
| Kiuntke, Jean | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Educat ent - Individual; Juvenile Assessment Services Substance Abu I Services Outpatient - Groups; Juvenile Non-Residential Servi | se Evaluations; Juvenile No | |
| Mental Health Services: Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual 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: Mental Health Services: | Groups; Adult Non-Residential Services Outpatic Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Indiviservices Intensive Outpatient Treatment; Juvenile Assessment; Juvenile Non-Residential Services Outpatient - Groups; Juvendividual; Juvenile Non-Residential Services Outpatient - Co-Composition (bio-psychosocial): Co-Occurring | dual; Adult Non-Residential t Services Substance Abus enile Non-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| | Non-Treatment: Anger Management Class; Non including Group Sessions-Mental Health; Outpat | -Treatment: General Education Class; Outpatient Therapy - Incient Therapy including Family Sessions-Mental Health; Outpatensive Outpatient: Intensive Outpatient Therapy-Co-occurring; | ient Therapy - Co-occurring | ; Intensive Outpatien |
| Other Services: | , | , | | |
| Neuhalfen, Kristen | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpation Co-Occurring Treatment; Juvenile Assessment | valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Indivibervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Co-Occurring Treatment | dual; Adult Non-Residential tial Services Intervention/Ed | Services Outpatient ducation; Juvenile |

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; Outpatieder; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Osantowski, Christina | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)564-4001 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Aut - 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; Juver idential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatieng | ent Therapy - Eating [| Disorder; Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Phillips, Mary | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Intervention/Education; Annt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fa | dult Non-Residential vices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | davornio 11011 residential services surpationi | o occurring recument | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occu | ırring; Assessment: |
| Other Services: | | | | |
| Rowley, Abbie | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)920-2809 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult ient - Co-Occurring Treatment; Juvenile Assessment Services Subse Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Treatment Aide; Non-Treatment: Intensive Family | utpatient Therapy including Family Sessions-Mental Health; Outpatient Preservation | ent Therapy - Co-occu | ırring; Community |
| Other Services: | | | | |

| Family; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile I | 200 N 34th PO Box 2315 Norfolk NB 68702 aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri | (402)371-3044 | (402)371-9643 |
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| Family; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile I | | Non-Residential Ser | |
| | Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ng Treatment; Juver ntial Services Outpa | nile Assessment |
| Outpatient Therapy; Juvenile Pre-Treatment Asse | ssment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurrin | g | |
| Mental Health; Outpatient Therapy - Co-occurring: | | ssessment: Pre-Tre | atment Assessment |
| | | | |
| Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)741-0801 | (402)395-5121 |
| Family; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile I | t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Resid | ng Treatment; Juver dential Services Out | nile Assessment |
| Outpatient Therapy; Pre-Treatment Assessment (I | bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | on | |
| | | | |
| | | | |
| | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Individual; Adult Non-Residential Services Intension Residential Services Outpatient - Groups; Juvenile | ve Outpatient Treatment; Juvenile Assessment Services Substance A e Non-Residential Services Outpatient - Individual | Abuse Evaluations; . | luvenile Non- |
| Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | tpatient Therapy including Group Sessions-Mental Health; Outpatien exually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | t Therapy including nt: Intensive Outpat | Family Sessions- ent Therapy-Youth |
| (F 0 / NES 0 00 / NEE 0 NES 0 | (Medicaid); Assessment: Mental Status Exam (MS Preservation Cor Therapeutic Services, LLC Adult Assessment Services Substance Abuse Eva Family; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Inc Outpatient Therapy; Pre-Treatment Assessment (I Outpatient Therapy - Individual-Mental Health; Ou Outpatient Therapy - Eating Disorder; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Individual Services Intension Residential Services Outpatient - Groups; Juvenile Outpatient Therapy; Pre-Treatment Assessment (I Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment | (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Non-Treatment: Family Support Wolferservation Cor Therapeutic Services, LLC 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Family; Adult Non-Residential Services Outpatient - Co-Occurring Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring; Non-Treatment: 1821 1st Ave Scottsbluff NB 69361 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Individual; Adult Non-Residential Services Substance Assessment Services Substance Assessment (Bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk Assessment: Assessment: Co-Occurring | Cor Therapeutic Services, LLC 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 (402)741-0801 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juver Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvernile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Woutpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring; Non-Treatment: Intensive Family Proceedings of the Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult 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 - Individual Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evolupatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Hental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Intensive Outpatient Who Sexually Harm; Assessment: Pre-Treatment Assessment: Mental Status Exam (MSE); Assessment: Psychol Assessment: Juvenile Who Sexually Harm; Assessment: Psychol Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring |

| 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 Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; vices Intervention/Education; Juvenile Non-Residential Services Outpatient | Juvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Other Services: | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Mental Health Services: | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ec - Family; Juvenile Non-Residential Services Outpo | es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment S ducation; Juvenile Non-Residential Services Outpatient - Groups; J atient - Individual; Juvenile Non-Residential Services Outpatient - C essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatr | Services Substance Ab Juvenile Non-Residenti Co-Occurring Treatmer | ouse Evaluations; al Services Outpatien nt |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient Therapy - Individuent Therapy including Family Sessions-Mental Health; Outpatient T Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | - | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Son-Residential Services Outpatient - Groups; Judvenile Non-Residential Services Outpatient - Co | 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-Occurring Treatment | Adult Non-Residential ervices Intervention/Ed | Services Outpatient lucation, Juvenile |
| Montai i louitii ool vioos. | | | | |
| Juvenile Services: | , , , | | | |

Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Baker, Guadalupe | Alcohol and Drug Addiction | 3321 Ave I Suite C Scottsbluff NB 69361 | (308)631-1709 | (308)635-7412 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual | venile Assessment | Services Substance |
| Mental Health Services: | Jernood Guipanent - animy, Gurenine room room | oma como capaton manada | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Borges, Davina | | 202 Maple St Chadron NB 69337 | (605)673-7822 | |
| 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 Treatments | 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; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | Montal Floatin, Outpution Thorapy Lating Blook | act, edipation morapy to occurring, riscossiment. To occurring | | |
| 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; Aduss Outpatient - Groups; Adult Non-Residential Services Outpatient - Four Freitenstein - Co-Occurring Treatment; Adult Non-Residential Seducation; Juvenile Non-Residential Services Care Monitoring SA/MH; prvices Outpatient - Family; Juvenile Non-Residential Services Outpativenile Non-Residential Services Intensive Outpatient Treatment | amily; Adult Non-Re rvices Intensive Out Juvenile Non-Resic | sidential Services patient Treatment; lential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; In | | |
| Other Services: | Sliding Fee Scale; | 9 | | |
| Connor, Shawnda | Healing Hope Counseling LLC | 815 Flack Ave Alliance NB 69301 | (308)225-6572 | (308)217-4277 |
| | Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non-lervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpaties (his payabasesial); Co. Occurring | | |
| ivientai Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |

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

Mental Health Services: Juvenile Services:

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Cooper, Penny | Cirrus House Inc | 29 S Beltline Highway Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac nce Abuse Evaluations; Juvenile Non-Residential Services Intervent | | |
| Mental Health Services: | • | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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; Adult - Individual; Juvenile Assessment Services Substance Abuse Eva Services Outpatient - Groups; Juvenile Non-Residential Services Ou | luations; Juvenile Nor | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie lent Assessment (Medicaid); Assessment: Co-Occurring | nt Therapy - Eating D | isorder; Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | | 120 E 16th St Suite C 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; Juvices Outpatient - Individual | venile Assessment Se | rvices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | - | |
| Day, Glenda | Human Services Inc | 419 West 25th St. Alliance NB 69301 | (308)762-7177 | (308)762-6121 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Assessment Services Substance Abuse Evaluatio Groups; Juvenile Non-Residential Services Outpa | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; As Services Intensive Outpatient Treatment; Adult Residential Services Cons; Juvenile Non-Residential Services Intervention/Education; Juvenilent - Family; Juvenile Non-Residential Services Outpatient - Individual Con-Residential Services Intensive Outpatient Treatment; Juvenile Residential Services Intensive Outpatient Treatment Treatment Intensive Outpatient Treatment Intensive Outpat | dult Non-Residential Short Term Residentia nile Non-Residential S dual; Juvenile Non-Re | Services Outpatient - al; Juvenile Services Outpatient - sidential Services |

| Name | Agency | Address | Phone | Fax |
|---|---|---|----------------------|---------------------|
| Eckland, Julie | | PO Box 1603 Scottsbluff NB 69363 | (308)225-4780 | (308)217-4277 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluatio | ons | |
| 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 Outpar | 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 | ons; 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: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | <i>, ,,</i> | | |
| 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 | ons | |
| 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: Other Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | urring; Assessment: |
| Garcia, Karri | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1365 | (308)635-7880 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult I nce Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| Mental Health Services: Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |
| Hajek, Marilyn | Destiny Counseling Services | 1023 10th Ave Sidney NB 69162 | (308)254-0737 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Intensive Outpatient Tr idential Services Outpatient - Groups; Juvenile Non-Residential Serv | eatment; Juvenile As | ssessment Services |
| Mental Health Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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Juvenile Services: Non-Treatment: Anger Management Class

Other Services: Sliding Fee Scale;

Hall, Anthony Cirrus House Inc 1509 1st Ave Scottsbluff NB 69361 (308)635-1488

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 - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services

Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual

Mental Health Services: Juvenile Services:

Other Services: Sliding Fee Scale;

Human Services Inc. 419 West 25th St. Alliance NB 69301 (308)762-7177 Hood, Colleen (308)762-6121

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Residential Services Short Term Residential

Mental Health Services: Juvenile Services:

Other Services: Sliding Fee Scale;

Bryan Independence Center 1640 Lake St. Lincoln NB 68501 (402)481-5392 Johnson, Jill

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient Treatment: Adult Non-Residential Services Partial Care: Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

Mental Health Services: Juvenile Services:

Other Services: Bilingual Services;

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Other Services: Sliding Fee Scale;

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| Name | Agency | Address | Phone | Fax |
| 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 (| , | 4 Th | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring | it Therapy - Co-occu | irring; Assessment: |
| Other Services: | | | | |
| Long, Theresa | Waves Counseling | 315 Main St Chadron NB 69337 | (308)430-4095 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family | lult Non-Residential ices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | ent Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occ | | ental Health; |
| Other Services: | Sliding Fee Scale; | 3, | 3 | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Events Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Treatment - Co-Occ | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv reatment | It Non-Residential S ices Outpatient - Inc | ervices Outpatient - lividual; Juvenile No |
| Mental Health Services: | | ssment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | Non-Treatment: Supervised Visitation; Non-Treatmented Management Class; Non-Treatment: General Edumental Health; Outpatient Therapy including Fam | ment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Evenucation Class; Outpatient Therapy - Individual-Mental Health; Outpatieilly Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ent Therapy including sive Outpatient: Inter | g Group Sessions- nsive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Rodriguez, Juanita | ACCS Inc | 1917 Avenue A Scottsbluff NB 69361 | (308)633-1390 | (308)633-1393 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpential Services Outpatient - Individual | venile Assessment S | Services Substance |
| Mental Health Services: | • | · | | |
| Juvenile Services: | Non-Treatment: General Education Class; Non-Treatment | reatment: Family Partner; Contracted Services: Electronic Monitoring | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|----------------------|---------------------|
| Rodriquez-Fletcher, Lori | Options in Psychology, LLC | 2622 Ave C Scottsbluff NB 69361 | (308)632-8547 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult N ient - Co-Occurring Treatment; Juvenile Assessment Services Substate Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatiential Services Outp | nce 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 | t Therapy - Co-occ | urring; Assessment: |
| Other Services: | ` , | , , | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 Noutpatient - Groups; Adult Noutpatient Treatment; Juvenile Assessment Services Substance Ae Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | buse Evaluations; | Juvenile Non- |
| | 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; Outpatient Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | nt: Intensive Outpat | ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| | 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 | ile Assessment |
| Mental Health Services: | | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Psychological E | | |
| Other Services: | | | | |
| Frank, Abigail | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | (402)336-2849 |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se | | dult Non-Residential rices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | | |
| | Mental Health; Outpatient Therapy - Co-occurring | ; Assessment: Co-Occurring | it Therapy including l | Family Sessions- |
| | Sliding Fee Scale; Bilingual Services; | ; Assessment: Co-Occurring | it Therapy including l | Family Sessions- |
| Other Services: Grabowski, Karen | , , , , , , | ; Assessment: Co-Occurring 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | Family Sessions- |
| Other Services: Grabowski, Karen Substance Abuse Services: | Sliding Fee Scale; Bilingual Services; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Eva Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Research | 4432 Sunrise Place Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Adult Individual; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Individual - Individua | (402)564-9994 ult Non-Residential S ng Treatment; Adult Services Substance | (402)562-6458 Services Outpatient - Non-Residential Abuse Evaluations; |
| Other Services: Grabowski, Karen Substance Abuse Services: | Sliding Fee Scale; Bilingual Services; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Eva Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Re Juvenile Non-Residential Services Outpatient - Fa | 4432 Sunrise Place Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Adult Individual; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Individual - Individua | (402)564-9994 ult Non-Residential S ng Treatment; Adult Services Substance | (402)562-6458 Gervices Outpatient - Non-Residential Abuse Evaluations; |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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: Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Hampton, Betty | Hampton Behavioral Health & Family Services, Inc | 116 West Douglas St Suite B O'Neill NB 68763 | (402)336-3200 | (402)336-3219 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | Evaluations; Juvenile Assessment Services Substance Abuse Evaluations | valuations | |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions- | on-Treatment: Juvenile Offender/Victim and Conflict Mediation; O Mental Health; Outpatient Therapy including Family Sessions-Me dicaid); Assessment: Mental Status Exam (MSE); Assessment: C | ental Health; Outpatient The | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| | Co-Occurring Treatment; Adult Non-Residentia Services Dual Residential (MH/SA); Adult Resi Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient | tient - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Adult Non-Residential dential Services Short Term Residential; Juvenile Assessment Son; Juvenile Non-Residential Services Outpatient - Groups; Juve Individual; Juvenile Non-Residential Services Outpatient - Co-Onile Non-Residential Services Outpatient - Co-Onile Non-Residential Services Partial Care; Juvenile Residential | al Services Partial Care; Adi Services Substance Abuse E mile Non-Residential Servic Occurring Treatment; Juveni | ult Residential Evaluations; Juvenile es Outpatient - Family le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kennedy, Jenna | 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 - Gr Adult Non-Residential Services Intensive Outp | Assessment Services Substance Abuse Evaluations; Adult Non- roups; Adult Non-Residential Services Outpatient - Family; Adult atient Treatment; Adult Residential Services Short Term Resider Services Outpatient - Groups; Juvenile Non-Residential Services | Non-Residential Services C ntial; Juvenile Assessment S | Outpatient - Individual Services Substance |
| Mental Health Services: | Colvides Calpation Marviada | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual | 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 Outpa | Evaluations; Adult Non-Residential Services Intervention/Educat tient - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment | dual; Adult Non-Residential | Services Outpatient |

Services Intensive Outpatient Treatment

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | · | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy ent Therapy including Family Sessions-Mental Health; Outpatient: Intensive Outpatient Therapy-Co-occurring Intensive Family Preservation | patient Therapy - Co-occurring | ; Intensive Outpatient: |
| Other Services: | (woodsdady, / toocsoment. Go Goodning, 14011 1166 | anion. menore i anny i reservation | | |
| Laffin, 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/Edu es Outpatient - Groups; Adult Non-Residential Services Ou rvices Outpatient - Co-Occurring Treatment; Adult Non-Res Evaluations; Juvenile Non-Residential Services Intervential al Services Outpatient - Groups; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring T | tpatient - Family; Adult Non-Re sidential Services Intensive Ou on/Education; Juvenile Non-Re Services Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | | essment (PTA); Pre-Treatment Assessment (bio-psychoso | cial); Co-Occurring | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy ent Therapy including Family Sessions-Mental Health; Out Treatment Day Treatment-Mental Health; Assessment: Pr | patient Therapy - Co-occurring | ; Intensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Mackling, Jamie | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB | 69887 (402)494-3337 | (402)494-3655 |
| 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/Edu nt - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessn Juvenile Non-Residential Services Outpatient - Groups; J dividual; Juvenile Non-Residential Services Outpatient - C | dividual; Adult Non-Residential nent Services Substance Abus uvenile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Corridos interiores Guipatione froatmone | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groive Outpatient Treatment; Juvenile Assessment Services Ste Non-Residential Services Outpatient - Individual | Substance Abuse Evaluations; | Juvenile Non- |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name Agency Address Phor | Fax |
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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: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|--|---|
| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| 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 (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Dearmont, Melissa | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adal Services Intervention/Education; Juvenile Non-Residential Services of Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Services - Individual Services - Ind | lult Non-Residential Outpatient - Group | Services Outpatient - s; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Frank, Abigail | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | (402)336-2849 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | lult Non-Residential ices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| 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: | Sliding Fee Scale; Bilingual Services; | , Abbosoment. So Goodining | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |

Mental Health Services:

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

Pre-Treatment Assessment (Medicaid)

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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: Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Hampton, Betty | Hampton Behavioral Health & Family Services, Inc | 116 West Douglas St Suite B O'Neill NB 68763 | (402)336-3200 | (402)336-3219 |
| Substance Abuse Services: | | Evaluations; Juvenile Assessment Services Substance Abuse E | valuations | |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions- | n-Treatment: Juvenile Offender/Victim and Conflict Mediation; O Mental Health; Outpatient Therapy including Family Sessions-M dicaid); Assessment: Mental Status Exam (MSE); Assessment: O | ental Health; Outpatient The | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| | Co-Occurring Treatment; Adult Non-Residentia Services Dual Residential (MH/SA); Adult Resi Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - | tient - Family; Adult Non-Residential Services Outpatient - Indivial Services Intensive Outpatient Treatment; Adult Non-Residential Services Short Term Residential; Juvenile Assessment Son; Juvenile Non-Residential Services Outpatient - Groups; Juverile Non-Residential Services Outpatient - Co-Conile Non-Residential Services Outpatient - Co-Conile Non-Residential Services Partial Care; Juvenile Residential | al Services Partial Care; Ad Services Substance Abuse I enile Non-Residential Servic Occurring Treatment; Juveni | ult Residential Evaluations; Juvenile es Outpatient - Family le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kennedy, Jenna | 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 - Gr Adult Non-Residential Services Intensive Outpatient | Assessment Services Substance Abuse Evaluations; Adult Non- roups; Adult Non-Residential Services Outpatient - Family; Adult atient Treatment; Adult Residential Services Short Term Reside Services Outpatient - Groups; Juvenile Non-Residential Services | Non-Residential Services Contial; Juvenile Assessment | Outpatient - Individual; Services Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual | 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 Outpa | Evaluations; Adult Non-Residential Services Intervention/Educa tient - Family; Adult Non-Residential Services Outpatient - Indiv al Services Intensive Outpatient Treatment; Juvenile Assessmen | idual; Adult Non-Residential | Services Outpatient - |

Services Intensive Outpatient Treatment

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpatie | Freatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient Thesive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess treent: Intensive Family Preservation | erapy - Co-occurring | ; Intensive Outpatient: |
| Other Services: | 3 , | , , | | |
| Laffin, 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; Acts Outpatient - Groups; Adult Non-Residential Services Outpatient - Forces Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educatial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Onlie Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | ccurring | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpatie | Freatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient Th Treatment Day Treatment-Mental Health; Assessment: Pre-Treatme | erapy - Co-occurring | ; Intensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Mackling, Jamie | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3655 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel 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 tervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi | ation; Adult Non-Residential Services Outpatient - Groups; Adult No dual; Juvenile Non-Residential Services Intervention/Education; Juv tient - Family; Juvenile Non-Residential Services Outpatient - Individ | enile Non-Residentia | |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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; Community Treatment Aide; Assessment: Pre-Treatment Assessment (Medicaid)

Other Services: Sliding Fee Scale;

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 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel 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; Advervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| atient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| | outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-lental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment 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 Eva | aluations; Juvenile Assessment Services Substance Abuse Evaluatio | ns | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | | | | | | |
| 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 - Family; Adult Nient - Co-Occurring Treatment; Juvenile Assessment Services Substate Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services | ance Abuse Evaluati | ons; Juvenile Non- | | |
| Mental Health Services: | | bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on | | | |
| Juvenile Services: | | ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpati ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co | | curring; Assessment: | | |
| Other Services: | | | | | | |
| Bomberger, Molly | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)293-0954 | (308)237-5953 | | |
| 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 - Co-Occurring Treatment; Adult Non-Residential ervices Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on | | | |
| 0.1 0 1 | | | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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| Name | Agency | Address | Phone | Fax | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nonidual; Juvenile Non-Residential Services Intervention/Education; Juvatient - Family; Juvenile Non-Residential Services Outpatient - Individual | enile Non-Residentia | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | | |
| Juvenile Services: Other Services: | Non-Treatment: Day Reporting; Non-Treatment: I | Evening Reporting; Outpatient Therapy - Individual-Mental Health; Co | ommunity Treatment | Aide | |
| Cooper, Lynn | Midwest Country Clinic | 801 S State St Bassett NB 68714 | (308)440-9042 | | |
| 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-Ro-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - ucation; Juvenile | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorders of the Company of the Comp | 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; Assessment: Co-Occurring | | | |
| Other Services: | 3 | 3, 3 | | | |
| Cox, Sally Marie | South Central Behavioral Services | 724 S Burlington Ave Hastings NB 68901 | (402)463-7435 | (402)463-5686 | |
| 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; A ices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment | dult Non-Residential es Intervention/Educa | Services Intensive ation; Juvenile Non- | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| 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 Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ing Treatment; Juver dential Services Out | nile Assessment | |
| 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; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| | - Juverine Residential Gervices Therapeutic Go | Third the third pedale croup from the | | |
|---------------------------------------|--|---|---|---------------------|
| Name | Agency | Address | Phone | Fax |
| Other Services: | , , , | Assessment: Pre-Treatment Assessment (Medicaid); Assess | sment: Mental Status Exam (MSE) | |
| Dahlke, Megan | Heartland Health Center, Inc | 104 W Seneca St Ravenna NB 68869 | (308)452-3203 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - C | Groups; Adult Non-Residential Services Outpatient - Family; Aco-Occurring Treatment; Juvenile Non-Residential Services C Services Outpatient - Individual; Juvenile Non-Residential S | Outpatient - Groups; Juvenile Non-F | Residential Service |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessme | ent (bio-psychosocial) | | |
| Juvenile Services: | Assessment: Co-Occurring | | | |
| Other Services: | | | | |
| Dahlke, Megan | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| | Individual; Adult Non-Residential Services Ou Residential Services Outpatient - Family; Juve Treatment | ducation; Adult Non-Residential Services Outpatient - Family tpatient - Co-Occurring Treatment; Juvenile Non-Residential enile Non-Residential Services Outpatient - Individual; Juven | Services Intervention/Education; J | uvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessme | · · · · · | | |
| Juvenile Services: Other Services: | | ; Outpatient Therapy including Family Sessions-Mental Heal | th; Outpatient Therapy - Co-occurri | ing |
| Daily, Sherry | | 2100 4th Ave Kearney NB 68845 | (308)830-3618 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpa Services Substance Abuse Evaluations; Juve | Evaluations; Adult Non-Residential Services Intervention/Editient - Individual; Adult Non-Residential Services Outpatient nile Non-Residential Services Intervention/Education; Juveni - Individual; Juvenile Non-Residential Services Outpatient - | Co-Occurring Treatment; Juvenile ile Non-Residential Services Outpa | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessme | ent (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health Co-Occurring | ; Outpatient Therapy including Family Sessions-Mental Heal | th; Outpatient Therapy - Co-occurr | ing; Assessment: |
| Other Services: | <u> </u> | | | |
| 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 Outpa Services Substance Abuse Evaluations; Juve | Evaluations; Adult Non-Residential Services Intervention/Editient - Individual; Adult Non-Residential Services Outpatient nile Non-Residential Services Intervention/Education; Juveni - Individual; Juvenile Non-Residential Services Outpatient - | Co-Occurring Treatment; Juvenile le Non-Residential Services Outpa | e Assessment |

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

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

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sexually Harm; Outpatient Therapy - Co-occurrin Juvenile Who Sexually Harm Risk Assessment; A | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmen Assessment: Co-Occurring | t: Mental Status Exar | m (MSE); Assessment: |
| 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 Subse Non-Residential Services Outpatient - Individual; Juvenile Non-Res | stance Abuse Evaluat | tions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | tion | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpation ent: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occur esidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juval Services Intensive Outpatient Treatment | ring Treatment; Adul Services Substance | t Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| | Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occ | 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 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Nor amily; Juvenile Non-Residential Services Outpatient - Individual; Juval Services Intensive Outpatient Treatment | ring Treatment; Adul n-Residential Service | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | Occurring | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; | ent Therapy including | |
| Other Services: | Sliding Fee Scale; | | | |

Other Services: Sliding Fee Scale; Bilingual Services;

| Name | Agency | Address | S | Phone | Fax |
|---------------------------------------|---|--|---|--|--|
| Howell, Christiana | Kearney Counseling Associates | 2811 30th Ave. Kearney NB 6884 | 5 | (308)237-6865 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment | ent - Co-Occurring Treatment; Juvenile | Assessment Services Substa | ance Abuse Evaluatio | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| oio-psychosocial) | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | patient Therapy including Family Session | ons-Mental Health; Outpatien | t Therapy - Co-occur | ring |
| Hoyt, David | Dave Hoyt Counseling LLC | 1917 West Faidley Ave Grand Isla | ind NB 68803 | (308)627-7061 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eval Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment | ent - Co-Occurring Treatment; Juvenile | Assessment Services Substa | ance Abuse Evaluatio | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | patient Therapy including Family Session | ons-Mental Health; Outpatien | t Therapy - Co-occur | ring |
| Other Services: | Sliding Fee Scale; | | | | |
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Gran | d Island NB 68801 | (308)390-5508 | (308)339-0962 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | Individual; Adult Non-Residential Servion-Residential Services Outpatient - G | vices Outpatient - Co-Occurrii roups; Juvenile Non-Residen | ng Treatment; Juvenil ntial Services Outpatie | e Assessment ent - Family; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | patient Therapy including Family Session | ons-Mental Health; Outpatien | t Therapy - Co-occur | ring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | | |
| Johnson (Aswegan), Betty | | 513 N Grant Suite D Plum Creek M | fall Lexington NB 68850 | (308)440-8054 | (308)234-6604 |
| | Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Resid Outpatient Therapy; Pre-Treatment Assessment (| t - Family; Adult Non-Residential Servic ices Intervention/Education; Juvenile No ntial Services Outpatient - Individual | es Outpatient - Individual; Ju | venile Assessment Se | ervices Substance |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatm | patient Therapy including Family Session | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Short Term Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Proceedings (1997) Residential Services Partial Care; Juvenile Residential Services | dult Non-Residential S ces Partial Care; Adul Substance Abuse Ev n-Residential Services g Treatment; Juvenile | Services Outpatient - t Residential valuations; Juvenile s Outpatient - Family Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kelly, Mike | South Central Behavioral Services | 616 W 5th St Hastings, NB 68901 | (402)326-7329 | |
| Substance Abuse Services: | 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-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ng Treatment; Juveni ntial Services Outpation | le Assessment |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Klein, Candance | CK Counseling | 318 Tilden St Holdrege NB 68949 | (308)991-3123 | (308)455-6242 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri | | • |

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; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health: Outpatient Therapy - Co-occurring: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient Therapy-Mental He Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE)

Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Krantz, Nicole | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Individual; Adiervices Substance Abuse Evaluations; Juvenile Non-Residential Ser Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | Pre-Treatment Assessment (Medicaid); Assessm | nent: Mental Status Exam (MSE); Assessment: Co-Occurring | | |
| Lange, Robyn | Two Bridges Counseling | 513 N Grant St Ste 3A Lexington NB 68850 | (308)324-0222 | (308)324-0225 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - | dult Non-Residential es Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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; Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | · · · · · · · · · · · · · · · · · · · | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | | | | |
| Luth, Shannon | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subse 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: | | utpatient Therapy including Family Sessions-Mental Health; Outpation ment: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | , , , , | | | |

| Name | Agency | Address | Phone | Fax | | |
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| Maxson, Thomas | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | • | lult Non-Residential ices Intervention/Ed esidential Services (| Services Outpatient - lucation; Juvenile Outpatient - Individual; | | |
| | | patient 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; 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: | • | | | | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 2002 Central Ave Kearney NB 68847-4473 | (308)708-9379 | | | |
| Substance Abuse Services: Mental Health 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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Treatment; Juvenile 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; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- | | |
| Other Services: | Sliding Fee Scale; | uer, Assessment. Fre-freatment Assessment (Medicald) | | | | |
| Meyer, Mandy | Mandy Meyer Counseling LLC | 2804 2nd Ave Kearney NB 68847 | (308)455-3435 | (308)455-3437 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | | |
| Mental Health Services: | Crisis Phone Line; Outpatient Therapy; Pre-Treat | ment Assessment (bio-psychosocial); Co-Occurring | | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatien urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | | urring; Intensive | | |
| Other Services: | • | - " | ŭ | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Mitchell, James | Heartland Health Center, Inc | 104 W Seneca St Ravenna NB 68869 | (308)224-5192 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adunce Abuse Evaluations; Juvenile Non-Residential Services Intervention lential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy, Pre-Treatment Assessment | | | |
| | | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | dult Non-Residential S s Intervention/Educat | ervices Intensive ion; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Riley, Suzanne | Suzanne Riley Counseling LLC | 1917 W Faidley Ave Grand Island NB 68803 | (308)398-0350 | (308)398-0351 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential S es Substance Abuse n-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| Mental Health Services: | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/Kins | ntensive Outpatient: In | ntensive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual 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 | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family - Family - Family - Family - Fami | dult Non-Residential S rices Intervention/Edu | ervices Outpatient - cation; Juvenile |

Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Mental Health Services: Pre-Treatment Assessment (bio-psychosocial): Co-Occurring

| Name | Agency | Address | Phone | Fax |
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| | Health; Outpatient Therapy - Co-occurring | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Schoenefeld, Karrie | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult 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: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| Schroeder, Ashley | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult lat - Individual; Adult Non-Residential Services Outpatient - Co-Occurrice Assessment Services Substance Abuse Evaluations; Juvenile Non-lamily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ng Treatment; Adult Residential Services | Non-Residential Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: (| | 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 Non-Residential Services Care Monitoring SA/MI- Family; Juvenile Non-Residential Services Outpa | | lult Non-Residential ices Intervention/Ed on-Residential Servi | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Od | ccurring | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Sulu, Brittany | Sulu Counseling LLC | 3710 Central Avenue Ste 9 Kearney NB 68847-8126 | (308)338-2017 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services (Section 2016) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring | | |
| 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 | | dult Non-Residential S vices Intervention/Educ | ervices Outpatient - cation; Juvenile |
| | | 3 | nt Thorony including Fo | amily Cassians |
| Juverille Services. | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including Fa | arrilly Sessions- |
| Other Services: | Sliding Fee Scale; | • | | |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 (| (308)339-0962 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adurces Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Foo-Occurring Treatment | dult Non-Residential S vices Intervention/Educ | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | • | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Co-Occurring | nt Therapy including Fa | amily Sessions- |
| Other Services: | | <u>-</u> | | |
| Yendra, Sarah | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; 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 Treatr | ring Treatment; Juvenil ential Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient -

| Name | Agency | Address | Phone | Fax | | |
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| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv Residential Services Outpatient - Groups; Juvenil | fult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - oups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive utpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-sidential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; venile Non-Residential Services Intensive Outpatient Treatment | | | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | | | |
| Other 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 Outpar | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subste Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluati | ons; Juvenile Non- | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse (YWSH): Pre-Treatment Assessment (bio-psycho | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Juvenile Yoosocial); Co-Occurring; Adults who Sexually Harm Evaluation | uth Who Sexually Ha | rm Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or | utpatient Therapy including Family Sessions-Mental Health; Outpatie Pre-Treatment Assessment (Medicaid); Assessment: Mental Status I | | /ho Sexually Harm; | | |
| 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: | 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-Occurre Assessment Services Substance Abuse Evaluations; Juvenile Non-amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment | ing 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 | ccurring | | | |
| Juvenile Services: | | utpatient Therapy - Co-occurring; Community Treatment Aide; Intensi ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | sive Outpatient | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | | .) | | | |
| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurresidential Services Short Term Residential; Juvenile Assessment Services (Note 1) | ing Treatment; Adult rvices Substance Ab | Non-Residential use Evaluations; | | |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Outpatient 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;

| Name | Agency | Address | Phone | Fax | | |
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| | Juvenile Non-Residential Services Intensive Outp | patient Treatment | • | • | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorders | utpatient Therapy including Group Sessions-Mental Health; Outpatient | t Therapy including I | Family Sessions- | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Frank, Abigail | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | (402)336-2849 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; 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 - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpat | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | · · · · · · · · · · · · · · · · · · · | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatient g; Assessment: Co-Occurring | t Therapy including I | Family Sessions- | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | • | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Gregory, Nichole | | 2170 North Platte Ave Fremont NB 68025-2630 | (402)720-1621 | (402)753-6445 | | |
| | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential S ult Non-Residential | ervices Outpatier Services Intensive | | |

Mental Health Services:

Juvenile Services: Non-Treatment: General Education Class

Juvenile Non-Residential Services Intensive Outpatient Treatment

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

| Name | Agency | Address | Phone | Fax | |
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| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | (402)753-6445 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring (dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (dividual) | ng Treatment; Juven Iential Services Outp | ile Assessment | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio- | osychosocial); Co- | |
| Juvenile Services: | | Dutpatient 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; Assessment; Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - C | <u> </u> | ult Non-Residential Souse Evaluations; Ju | Services Intensive venile Non- | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatient g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor | ult Non-Residential S es Partial Care; Adu Substance Abuse E | Services Outpatient It Residential valuations; Juvenile | |

Mental Health Services:

Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| Kennedy, Jenna | 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 Intensive Outpatie | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Resident ent Treatment; Adult Residential Services Short Term Residential; Jurvices Outpatient - Groups; Juvenile Non-Residential Services Outpat | esidential Services O venile Assessment S | utpatient - Individual; ervices Substance |
| Mental Health Services: | · | | | |
| | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| | including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessi | erapy - Co-occurring; | Intensive Outpatient |
| Other Services: | (Weddeald), Assessment. Of Occurring, North Tree | authorit. Interisive Fairing Freservation | | |
| Laffin, 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 | raluations; Adult Non-Residential Services Intervention/Education; Aduses Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Canal Services Outpatient - Co-Occurring Treatment | amily; Adult Non-Reservices Intensive Outpon; Juvenile Non-Reseutpatient - Family; Ju | sidential Services patient Treatment; sidential Services venile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Treatment Day Treatment-Mental Health; Assessment: Pre-Treatme | erapy - Co-occurring; | Intensive Outpatient |
| | Sliding Fee Scale; Bilingual Services; | | | |

Mental Health Services: Juvenile Services: Other Services:

| Name | Agency | Address | Phone | Fax |
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| Lembke, Brenda | | 2170 N Platte Ave Fremont NB 68025 | (402)753-7556 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Substance Abuse Evaluations; Juvenile Non-Residential | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient Tridential Services Intervention/Education; Juvenile Non-Residential Services Intensive Outpatient Treatment | eatment; Juvenile As | sessment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Mackling, Jamie | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3655 |
| | Groups; Adult Non-Residential Services Outpatiel 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; Adervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential Ses Substance Abusen-Residential Service | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: Juvenile Services: | | | | |
| | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| Radtke, Paul | | 2170 N Platte Ave Fremont NB 68025 | (402)720-7026 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | tpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |
| Schrum, Amanda | Schrum Associates | PO Box 588 Blair NB 68008 | (402)619-9686 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Substance Abuse Evaluations; Juvenile Non-Res | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Intensive Outpatient Ti idential Services Intervention/Education; Juvenile Non-Residential Se nile Non-Residential Services Intensive Outpatient Treatment | eatment; Juvenile As | sessment Services |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Smith, Kaitlyn | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)677-7442 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | • | Adult Non-Residential Services Intervention/Edu | ervices Outpatient - cation; Juvenile |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpation; Assessment: Co-Occurring | ent Therapy including F | amily Sessions- |
| 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 S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; About - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential S rices Substance Abuse Ion-Residential Services | ervices Outpatient - Evaluations; Juvenil Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; | | |
| Other Services: | Sliding Fee Scale; | | | |
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C | ssessment Services Substance Abuse Evaluations; Adult Non-Resi ps; Adult Non-Residential Services Outpatient - Family; Adult Non- Decurring Treatment; Adult Non-Residential Services Intensive Outp prvices Substance Abuse Evaluations; Juvenile Non-Residential Ser | Residential Services Ou patient Treatment; Adult | tpatient - Individual; Residential Service |

Mental Health Services:

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 - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

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

Other Services: Sliding Fee Scale;

Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Ed int - Individual; Juvenile Assessment Services Substance A Il Services Outpatient - Family; Juvenile Non-Residential Se | buse Evaluations; Juvenile Nor | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | Bilingual Services; | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult F | valuations; Adult Non-Residential Services Intervention/Edint - Individual; Adult Non-Residential Services Outpatient - Residential Services Dual Residential (MH/SA); Juvenile Asfamily; Juvenile Non-Residential Services Outpatient - Inditial Services Intensive Outpatient Treatment | Co-Occurring Treatment; Adult ssessment Services Substance | : Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including Family Sessions-Mental Healt | n; Outpatient Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatic Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Adult Non-Residential Services Short Term Residential; Juvenile Assessmen; Juvenile Non-Residential Services Outpatient - Groups; Individual; Juvenile Non-Residential Services Outpatient - Coupsidential Services - Coupsidential Services - Coupsidential Services - Co | ndividual; Adult Non-Residential ential Services Partial Care; Adu ent Services Substance Abuse E Juvenile Non-Residential Servic | Services Outpatient ult Residential Evaluations; Juvenile es Outpatient - Family |
| | Services Intensive Outpatient Treatment; Juveni | le Non-Residential Services Partial Care; Juvenile Resider | itial Services Short Term Reside | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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; Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax | | |
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| Jordan, Kelsey | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - | dult Non-Residential vices Intervention/Ed | Services Outpatient lucation; Juvenile | | |
| Mental Health Services: | | 3 | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Co-Occurring | nt Therapy including | Family Sessions- | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; Adnt - Individual; Adult Non-Residential Services Outpatient - Co-Occurrice Assessment Services Substance Abuse Evaluations; Juvenile Non-Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment; | ing 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; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatier Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr | | | | |
| Other Services: | | | | | | |
| Kiuntke, Jean | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual | | | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | | |
| Lewallen, Lori | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Intensive Outpatient Treatment; Juvenile Assessment Services | dult Non-Residential | Services Outpatient | | |

Services Intensive Outpatient Treatment

Occurring

Other Services:

| 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-M | n-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: Co- | | | | | |
| Other Services: | Occurring | | | | | | |
| Lewallen, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)873-5505 | | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residential Services Intervention/Edu | ervices Outpatient cation; Juvenile | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | | | |
| | • | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Od | ccurring | | | | |
| Other Services: | | | | | | | |
| Loberg, Katie | 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 - Groundfult Non-Residential Services Intensive Outpati Abuse Evaluations; Juvenile Non-Residential Services | ssessment Services Substance Abuse Evaluations; Adult Non-Res ups; Adult Non-Residential Services Outpatient - Family; Adult Non- lent Treatment; Adult Residential Services Short Term Residential; rvices Intervention/Education; Juvenile Non-Residential Services O dential Services Outpatient - Individual; Juvenile Non-Residential Services | -Residential Services Ou Juvenile Assessment Se outpatient - Groups; Juve | tpatient - Individua rvices Substance nile Non-Residentia | | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | | |
| Juvenile Services: | Calpailon Indiapy, Co Coodining | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| 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 Nordidual; Adult Non-Residential Services Outpatient - Co-Occurring Transitions of Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | reatment; Juvenile Non-F | Residential Service | | | |
| 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; Outpat rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatme | | | | | |

Other Services:

| 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 Family; Adult Non-Residential Services Outpatient Services | Name | Agency | | Address | Phone | Fax |
|--|---------------------------|--|--|--|---|--|
| 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 - Co-Occurring Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (Ico-Despychosocial); Co-Occurring Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (Ico-Despychosocial); Co-Occurring Pelster-Hess, Brooke Blue Valley Behavioral Health 1123 N 9th St Beatrice NB 68310 (402)228-386 (402)228-308 (4 | Osantowski, Christina | Good Life Counseling & Support | 2277 22nd Ave (| Columbus NB 68601 | (402)562-0400 | (402)564-4001 |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring Other Services: Sliding Fee Scale; Pelster-Hess, Brooke Blue Valley Behavioral Health 1123 N 9th St Beatrice NB 68310 (402)228-3386 (402)228-200 Substance Abuse Services: Adult Assessment Services Outpatient - Individual; Adult Non-Residential Services Outpatient: Co-Occurring Treatment; Advances Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient: Individual; Adult Non-Residential Services Outpatient: Individual; Adult Non-Residential Services Outpatient on Presidential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Occocurring Teatment, Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Occocurring Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Other Services: Sliding Fee Scale; Phillips, Mary Colegrove Counseling Center 1460 35th Ave. Columbus NB 68601 (402)562-6767 (402)562-677 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; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Servi | Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | nt - Individual; Adult N Non-Residential Ser | Ion-Residential Services Outpatient - Co-Occurri vices Intervention/Education; Juvenile Non-Resid | ng Treatment; Juve dential Services Out | nile Assessment |
| Therapy - Co-occurring; Assessment: Co-Occurring Sliding Fee Scale; Pelster-Hess, Brooke Blue Valley Behavioral Health 1123 N 9th St Beatrice NB 68310 (402)228-3386 (402)228-200 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations, Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Substance Abuse Evaluations, Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Substance Abuse Evaluations, Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Substance Abuse Evaluations, Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Unpatient Treatment Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Assessment: Co-Occurring Juvenile Services: Sliding Fee Scale; Phillips, Mary Colegrove Counselling Center 1460 35th Ave. Columbus NB 68601 (402)562-6767 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; 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; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatie | Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); C | o-Occurring | | |
| Pelster-Hess, Brooke Blue Valley Behavioral Health 1123 N 9th St Beatrice NB 68310 (402)228-3386 (402)228-200 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient Services Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Outpatient Treatment (Juvenile Non-Residential Services Outpatient Treatment) Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Juvenile Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Other Services: Siding Fee Scale; Phillips, Mary Colegrove Counseling Center 1460 35th Ave. Columbus NB 68601 (402)562-6767 (402)562-6777 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services | | Therapy - Co-occurring; Assessment: Co-Occurri | | uding Family Sessions-Mental Health; Outpatier | nt Therapy - Eating I | Disorder; Outpatient |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient 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 Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Non-Residential | Other Services: | Sliding Fee Scale; | | | | |
| Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; 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 - Individual-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring Other Services: Sliding Fee Scale; Phillips, Mary Colegrove Counseling Center 1460 35th Ave. Columbus NB 68601 (402)562-6767 (402)562-677 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Out | Pelster-Hess, Brooke | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring Other Services: Sliding Fee Scale; Phillips, Mary Colegrove Counseling Center 1460 35th Ave. Columbus NB 68601 (402)562-6767 (402)562-6767 (402)562-677 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment Pre-Treatment Assessment (Medicaid) Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Mental Health Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - | Montal Health Services: | Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Residential Services Outpatient - Co-Occurring T | e Assessment Service Services Outpatient reatment; Juvenile No | es Substance Abuse Evaluations; Juvenile Non- - Groups; Juvenile Non-Residential Services Out on-Residential Services Intensive Outpatient Tre | Residential Services patient - Individual; | 3 |
| Other Services: Sliding Fee Scale; Phillips, Mary Colegrove Counseling Center 1460 35th Ave. Columbus NB 68601 (402)562-6767 (402)562-677 (402)562-677 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 - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment Pre-Treatment Assessment (Medicaid) Other Services: Radtke, Paul 2170 N Platte Ave Fremont NB 68025 (402)720-7026 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juv | | | | 3 | | |
| 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; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment Pre-Treatment Assessment (Medicaid) Other Services: Radtke, Paul 2170 N Platte Ave Fremont NB 68025 (402)720-7026 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - | | | arpanem merapy o | | | |
| 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 - Family; Juvenile Non-Residential Services Outpatient - Indiv Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment Pre-Treatment Assessment (Medicaid) Other Services: Radtke, Paul 2170 N Platte Ave Fremont NB 68025 (402)720-7026 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non | Phillips, Mary | Colegrove Counseling Center | 1460 35th Ave. (| Columbus NB 68601 | (402)562-6767 | (402)562-6770 |
| Mental Health Services: Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment Pre-Treatment Assessment (Medicaid) Other Services: Radtke, Paul 2170 N Platte Ave Fremont NB 68025 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) | Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju | nt - Family; Adult Nor ervices Substance Al Ivenile Non-Resident | n-Residential Services Outpatient - Individual; Ac ouse Evaluations; Juvenile Non-Residential Serv ial Services Outpatient - Family; Juvenile Non-Re | dult Non-Residential | Services Outpatient lucation; Juvenile |
| Pre-Treatment Assessment (Medicaid) Other Services: Radtke, Paul Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individu | Mental Health Services: | · | J | | | |
| Radtke, Paul Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; 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 Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) | Juvenile Services: | | utpatient Therapy inc | uding Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occ | urring; Assessment: |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) | Other Services: | | | | | |
| Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) | Radtke, Paul | | 2170 N Platte Ave | e Fremont NB 68025 | (402)720-7026 | |
| | | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | nce Abuse Evaluation | | | |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health | | 1 27 | ` ' ' | | | |

Mental Health Services: Juvenile Services: Other Services:

| Name | Agency | Address | Phone | Fax | | | |
|---------------------------|---|--|---|--|--|--|--|
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | t Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - illy; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment vices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | patient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurring | | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | atpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment edicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Non-Treatment: Family Support Worker; Non-Treatment: Intensive Family eservation | | | | | |
| Other Services: | | | | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 Ale Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | Abuse Evaluations; | Juvenile Non- | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatiet Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | nt Therapy including ent: Intensive Outpat | Family Sessions- ient Therapy-Youth | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Thomalla, Eric | Blue Valley Behavioral Health | 543 N Linden St PO Box 5 Wahoo NB 68066 | (402)228-3386 | (402)228-2004 | | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult Ince Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | | | | |
| Mental Health Services: | Octivides Guipatient Individual | | | | | | |
| Juvenile Services: | | | | | | | |
| Other Services: | | | | | | | |
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 | | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient lividual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-sidential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | | |

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

| Name | Agency | Address | Phone | Fax | | | |
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| 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 | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Care nitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services tpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; venile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | | |
| 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 | | | | | |
| Other Services: | Sliding Fee Scale; | G . | | | | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 | | | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Science | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family | dult Non-Residential rices Intervention/Ed | Services Outpatient ucation; Juvenile | | | |
| Juvenile Services: | | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)370-3140 | | | | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Short Term Residential; Juvenile Assessment Ser Residential Services Outpatient - Groups; Juvenil | sessment Services Substance Abuse Evaluations; Adult Non-Reside ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re occurring Treatment; Adult Non-Residential Services Intensive Outpat rvices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment; Juvenile Non-Residential Services Intensive O | esidential Services C ient Treatment; Adul ces Intervention/Edu ential Services Outpa | Outpatient - Individua It Residential Service cation; Juvenile Non atient - Individual; | | | |
| Mental Health Services: | | | | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outpa | atient Therapy - Individual-Mental Health; Outpatient Therapy includin | g Group Sessions-M | /lental Health; | | | |

Other Services: Sliding Fee Scale;

| 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; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occuri Non-Residential Services Intervention/Education; Juvenile Non-Residence 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; Of Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess | sment (Medicaid); As | sessment: Mental |
| Other Services: | - | | | |
| Baul-Pinson, Doraine | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| 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; Adınt - 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-Occurring | dult Non-Residential : es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juveniles Soutpatient - Family |
| Juvenile Services: | Family Partner; Non-Treatment: Professional Par Health; Outpatient Therapy including Family Sessional Par | Treatment: General Education Class; Non-Treatment: Employment Pl tner; Outpatient Therapy - Individual-Mental Health; Outpatient Thera sions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Ou tpatient Therapy-Co-occurring; Assessment: Co-Occurring; Non-Treat | py including Group S tpatient: Intensive Ou | essions-Mental utpatient Therapy- |
| Other Services: | | | | |
| Bonebright, Lori | Recovery Center | 3200 O St Ste 5 Lincoln NB 68510 | (402)742-9616 | (402)742-9116 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Services e Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fa | dult Non-Residential s Intervention/Educa | Services Intensive tion; Juvenile Non- |
| Mental Health Services: | The state of the s | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | Evening Reporting | | |

| Name | Agency | Address | Phone | Fax |
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| 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; Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential rices Intervention/Ed esidential Services (| Services Outpatient - ucation; 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- |
| | Assessment (Medicaid); Assessment: Mental Sta | utpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurrin tus Exam (MSE) | g; Assessment: Pre- | Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv | cation; Adult Non-Residential Services Outpatient - Groups; Adult Noridual; Juvenile Non-Residential Services Intervention/Education; Juvenile - Family; Juvenile Non-Residential Services Outpatient - Individ | enile Non-Residentia | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | Evening Reporting; Outpatient Therapy - Individual-Mental Health; Co | mmunity Treatment | Aide |
| Other Services: | | | | |
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment | dult Non-Residential s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | Non Treatment, Anger Management Class | | | |
| Other Services: | Non-Treatment: Anger Management Class | | | |
| 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 Outpar | 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 Evaluati | ons; Juvenile Non- |
| | (YWSH); Pre-Treatment Assessment (bio-psychological contents) | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Juvenile You social); Co-Occurring; Adults who Sexually Harm Evaluation | · | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier Pre-Treatment Assessment (Medicaid); Assessment: Mental Status E | | /ho Sexually Harm; |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential: Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

Chavis, Joe National Safety Council, Nebraska 11620 M Circle Omaha NB 68137

(402)898-7340 (402)896-6331

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Outpatient - Groups: Adult Non-Residential Services Outpatient -Individual; Juvenile Non-Residential Services Intervention/Education

Mental Health Services:

Juvenile Services: Non-Treatment: General Education Class

Other Services:

Chohon, Allen Alegent Health 16909 Lakeside Hills Court Ste 400 Omaha NB 68130

(402)758-5883 (402)758-5855

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient -Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Mental Health Services: Crisis Phone Line: Emergency Medical Health Evaluation: Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial): Co-Occurring

Juvenile Services:

Other Services: No Voucher Acceptance;

All Communities Outreach Services Cook, Count

112 E Mission Ave Bellevue NB 68005

(402)257-1122

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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: Juvenile Non-Residential Services Intensive Outpatient Treatment

Mental Health Services: Outpatient Therapy

Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Non-Treatment: Employment Placement Program; Non-Treatment: Family Partner; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health: Outpatient Therapy - Co-occurring: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient Therapy-Co-occurring

Other Services:

Cornelius, Dawn

All Communities Outreach Services

112 E Mission Ave Bellevue NB 68005

(402)257-1122

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 Intensive Outpatient 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 Intensive Outpatient Treatment

Mental Health Services: Outpatient Therapy

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: Program; Non-Treatment: Family Partner; Non-Trea | Anger Management Class; Non-Treatment: General Education Class; reatment: Family Support Worker | Non-Treatment: Em | ployment Placement |
| Other Services: | Bilingual Services; | | | |
| Czapenski, John | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (402)651-5404 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Adult Non-Residential Services Partial Care; Juve Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Services Substance Abuse Evaluations; Juvenile Nor-Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Nor-Services Partial Care | amily; Adult Non-Reservices Intensive Out on-Residential Servictpatient - Family; Juv | sidential Services patient Treatment; ces renile Non-Residentia |
| Mental Health Services: | outpation realisting outpaties realisting | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Denker, Lindsay | Lindsay Denker LLC | 9239 W Center Rd Suite 226 Omaha NB 68124 | (402)932-6643 | |
| | Individual; Adult Non-Residential Services Outpatesidential Services Outpatient - Family; Juvenile Treatment | 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 Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpotting | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | rring; Assessment: |
| Other Services: | • | | | |
| Dirks, Tamara | Nebraska Urban Indian Health Inc | 2240 Landon Court Omaha NB 68102 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Short Term Residential; Juvenile Assessment Services Substance Aenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Intensive Outpatient Treative Outpatient Outp | dult Non-Residential buse Evaluations; Ju sidential Services Ou | Services Intensive venile Non- utpatient - Family; |

Mental Health Services:

Juvenile Services:

Other Services: Sliding Fee Scale;

Short Term Residential

| Name | Agency | Address | Phone | Fax |
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| Dotzler, Jason | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | Occurring Treatment; Adult Non-Residential Serv | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non- ices Intensive Outpatient Treatment; Juvenile Non-Residential Servic nile Non-Residential Services Outpatient - Co-Occurring Treatment; | ces Outpatient - Family | ; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr | | |
| Other Services: | | | | |
| Earley, Morgan | Morgan Earley LLC | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128 | (402)302-0353 | |
| | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| · · · | | |
| Juvenile Services: | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | nent: Pre-Treatment As | sessment |
| Other Services: | Sliding Fee Scale; | | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; 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; Adservices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential So ces Substance Abuse E n-Residential Services | ervices Outpatient - valuations; Juvenil Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including Fa | mily Sessions- |
| Savernie Gervices. | | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | unity Ocasions |
| 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 | aluations; Adult Non-Residential Services Outpatient - Groups; Adult to - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm (hip-psychosocial): Co-Occurring | ing Treatment; Juvenilential Services Outpatie | e Assessment nt - Family; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occurr | ing: Intensive |
| Savornio Corvioco. | | urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessn | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| | Exam (MSE); Assessment: Co-Occurring | | | |
| 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 Outpatien Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Residential Services Therapeutic Community or Therapeutic Group | ing Treatment; Juver dential Services Out g Treatment; Juvenil | nile Assessment patient - 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; | | | |
| 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 Outpatier Co-Occurring Treatment; Juvenile Assessment Se | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - F | dult Non-Residential vices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | ccurring; Psychologi | cal Evaluation |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | | ining | | |
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Substance Abuse Services: | Adult Residential Services Therapeutic Communi Residential | ty; Juvenile Residential Services Halfway-House or SA Group Home | ; Juvenile Residentia | l Services Short Tern |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| | \ | | | |
| | Psychiatric Residential Treatment Facility; Assess | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urring | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Service | dult Non-Residential ces Partial Care; Ad Substance Abuse I n-Residential Servic g Treatment; Juveni | Services Outpatient - ult Residential Evaluations; Juvenile es Outpatient - Family; le Non-Residential |
| Mental Health Services: | | | | |
| 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 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adult at - Individual; Adult Non-Residential Services Outpatient - Co-Occurrice Assessment Services Substance Abuse Evaluations; Juvenile Non-Services Outpatient - Groups; Juvenile Non-Residential Services Outsidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor (bio-psychosocial); Co-Occurring | ng Treatment; Adult Residential Services tpatient - Family; Ju | Non-Residential s venile Non-Residential |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Kimmerling, Katherine | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | 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-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuson-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | • | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential S Treatment | aluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Residential Services Denile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occu | dult Non-Residential rual Residential (MH Ion-Residential Serv r; Juvenile Non-Resi | Services Outpatient - /SA); Adult rices Care Monitoring idential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Outp | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Konen, Michele | Transition Recovery Center Evaluations | 13302 Millard Ave Suite 104 Omaha NB 68137 | (402)813-3605 | |
| Mental Health Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Juvenile Assessment Service | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fvices Substance Abuse Evaluations; Juvenile Non-Residential Services outpatient - Groups; Juvenile Non-Redidual | amily; Adult Non-Rees Intervention/Educ | esidential Services cation; Juvenile Non- |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Liester, Courtney | Courtney Liester LLC | 7905 L St Suite 410 Omaha NB 68127 | (402)577-0173 | |
| | Individual; Juvenile Assessment Services Substant Services Outpatient - Individual | aluations; Adult Non-Residential Services Outpatient - Family; Adult N nce Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | 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; | | | |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Juvenile Assessment Son-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co | | dult Non-Residential rices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | reatment: Mentoring; Outpatient Therapy - Individual-Mental Health; (uding Family Sessions-Mental Health; Assessment: Co-Occurring | Outpatient Therapy i | ncluding Group |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

McNichols, Stephanie 4701 Van Dorn Suite B Lincoln NB 68506 (402)440-6496

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -

Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services 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: Juvenile Non-Residential

Services Intensive Outpatient Treatment

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

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

Other Services: Sliding Fee Scale;

(402)590-8766 Mertes. Courtney 268 N. 115th Street. Ste 1 Omaha NB 68154 (402)838-7248

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

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

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

Other Services:

Omni Behavioral Health Morton, Crystal

5115 F St. Omaha NB 68117

(402)397-9866 (402)397-1404

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Outpatient - Groups: Adult Non-Residential Services Outpatient -Family, Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services 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 - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Non-Treatment: Intensive Family Preservation

Other Services:

Mental Health Services: Juvenile Services: Other Services:

| Name | Agency | Address | Phone | Fax |
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| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Intervention/Educationt - Individual; Adult Non-Residential Services Outpatient - Co-Control Non-Residential Services Intervention/Education; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Oct | Occurring Treatment; Juveni n-Residential Services Outp | le 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 | | |
| Other Services: | Sliding Fee Scale; | | | |
| Osler, Lisa | | 10826 Old Mill Rd Suite 103A Omaha NB 68154 | (402)881-0445 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | aluations; Juvenile Assessment Services Substance Abuse Eva | aluations | |
| Parmer, Alisa | Heartland Family Service | 1941 S 42nd St Suite 375 Omaha NB 68105 | (402)552-7419 | (402)457-7791 |
| 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 of Soutpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Resident Evaluations; Juvenile Non-Residential Services Intervention/Educations of Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment of Services Outpatient - Co-Occurring Treatment Outpatient - Co-Occurring Treatment - Co-Occurring T | ent - Family; Adult Non-Res tial Services Intensive Outp ducation; Juvenile Non-Resi ces Outpatient - Family; Juv | idential Services atient Treatment dential Services venile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | Treatment: Mentoring; Outpatient Therapy - Individual-Mental H uding Family Sessions-Mental Health; Outpatient Therapy - Co- ing | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Powell, Shannon | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Substance Abuse Evaluations; Juvenile Non-Res | raluations; Adult Non-Residential Services Intervention/Education to Individual; Adult Non-Residential Services Intensive Outpation idential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment. | ent Treatment; Juvenile Ass tial Services Outpatient - Fa | sessment Service |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | (402)212-0282 |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Residential | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Jurvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual | venile Assessment S | Services Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Radtke, Paul | | 2170 N Platte Ave Fremont NB 68025 | (402)720-7026 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ince Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |
| 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 | raluations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educations; Juvenile Non-Residential Services Intervention/Education | family; Adult Non-Reservices Intensive Outpon; Juvenile Non-Res | sidential Services patient Treatment; |
| | | al Services Outpatient - Groups; Juvenile Non-Residential Services O enile Non-Residential Services Outpatient - Co-Occurring Treatment; | | venile Non- |
| Mental Health Services: | Residential Services Outpatient - Individual; Juve | enile Non-Residential Services Outpatient - Co-Occurring Treatment; | | venile Non- |
| | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | enile Non-Residential Services Outpatient - Co-Occurring Treatment; | Juvenile Non-Resider | venile Non- ntial Services |
| Juvenile Services: | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | enile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial) | Juvenile Non-Resider | venile Non- ntial Services |
| Juvenile Services: | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O (Medicaid) | enile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial) | Juvenile Non-Resider | venile Non- ntial Services |
| Juvenile Services: Other Services: Salvatore, Christine | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Of (Medicaid) Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev | enile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Assessm | Juvenile Non-Resider ent: Pre-Treatment A (402)292-6006 Non-Residential Serv | venile Non- ntial Services Assessment ices Outpatient - |
| Juvenile Services: Other Services: Salvatore, Christine Substance Abuse Services: | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Of (Medicaid) Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Juvenile Assessment Services Substa | chile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial) utpatient Therapy including Family Sessions-Mental Health; Assessm 1320 Galvin Road South Bellevue NB 68005 raluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient | Juvenile Non-Resider ent: Pre-Treatment A (402)292-6006 Non-Residential Serv | venile Non- ntial Services Assessment ices Outpatient - |

| 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 | |
| | 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; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Foundation - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Onlie Non-Residential Services Outpatient - Co-Occurring Treatment; Co-Occurring | amily; Adult Non-Resi rvices Intensive Outpon; Juvenile Non-Resi outpatient - Family; Juv | idential Services atient Treatment; dential Services venile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outp | atient Therapy-Co-oc | curring |
| Other Services: | | | | |
| Schnieder, Brian | | 8998 L Street, Suite 110 Omaha NB 68127 | (402)850-0054 | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Science | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non- | fult Non-Residential Sices Intervention/Edu | ervices Outpatient - cation; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | ot Therany - Co-occur | rina |
| Other Services: | outputon morapy marriada montar realin, oc | Apadent Therapy including Farmy Occolone World Floatin, Odipation | ic morapy to cooun | 9 |
| Siemer-Daisley, Kris | Siemer Counseling & Assessments LLC | 12020 Shamrock Plaza #200 Omaha NB 68154 | (402)500-0555 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien 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 Services Outpatient - Co-Occurring | ng Treatment; Juvenil dential Services Outpa | e Assessment |
| | Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment (PTA); Juvenile Co-Occurring (PTA); Juvenile Co | ` . | , |
| Other Services: | Pre-Treatment Assessment (Medicaid); Assessment | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 Evalua | tions | |
| 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: | | | | |
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Assessmen ducation; Juvenile Non-Residential Services Outpatient - Groups; Jatient - Individual; Juvenile Non-Residential Services Outpatient - Gent | Adult Non-Residential Dual Residential (MH t Services Substance A luvenile Non-Residenti | Services Outpatien /SA); Adult Abuse Evaluations; al Services Outpatie |
| | 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 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 Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | Adult Non-Residential vices Substance Abuse Non-Residential Servic | Services Outpatien Evaluations; Juver es Outpatient - Fam |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpat Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Vitera, Brianna | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Att - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occur | urring Treatment; Juve esidential Services Out | nile Assessment |

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

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

Co-Occurring; Non-Treatment: Intensive Family Preservation

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Wiles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Outpatient - Grance Abuse Evaluations; Juvenile Non-Residential Service | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| | Individual; Adult Non-Residential Services Outp Residential Services Outpatient - Family; Juven Treatment | Evaluations; Adult Non-Residential Services Outpatient - Fa atient - Co-Occurring Treatment; Juvenile Assessment Ser ile Non-Residential Services Outpatient - Individual; Juveni | vices Substance Abuse Evaluat | ions; Juvenile Non- |
| | | | | |
| | | Outpatient Therapy including Family Sessions-Mental Healt | th; Outpatient Therapy - Co-occ | urring; Assessment: |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ore-Treatment Assessment (Medicaid); Assess | Outpatient Therapy including Family Sessions-Mental Healt | th; Outpatient Therapy - Co-occ | urring; Assessment: |
| | Outpatient Therapy - Individual-Mental Health; Ore-Treatment Assessment (Medicaid); Assess | Outpatient Therapy including Family Sessions-Mental Healt | th; Outpatient Therapy - Co-occ | urring; Assessment: |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ore-Treatment Assessment (Medicaid); Assess | Outpatient Therapy including Family Sessions-Mental Healt | th; Outpatient Therapy - Co-occ (531)215-9726 | urring; Assessment: |
| Juvenile Services: Other Services: Williams-Russell, Kendra | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Assessment (Medicaid); Assessment Adult Assessment Services Substance Abuse Endividual; Juvenile Assessment Services Substance | Outpatient Therapy including Family Sessions-Mental Healt ment: Co-Occurring | (531)215-9726 mily; Adult Non-Residential Ser | vices Outpatient - |
| Juvenile Services: Other Services: Williams-Russell, Kendra | Outpatient Therapy - Individual-Mental Health; Outpatient Assessment (Medicaid); Assessment (Medicaid); Assessment Adult Assessment Services Substance Abuse Endividual; Juvenile Assessment Services Substance Services Outpatient - Individual | Outpatient Therapy including Family Sessions-Mental Healtment: Co-Occurring P.O. Box 271046 Ralston NB 68127 Evaluations; Adult Non-Residential Services Outpatient - Fa | (531)215-9726 mily; Adult Non-Residential Ser | vices Outpatient - |
| Juvenile Services: Other Services: Williams-Russell, Kendra Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Assessment (Medicaid); Assessment (Medicaid); Assessment Adult Assessment Services Substance Abuse Endividual; Juvenile Assessment Services Substance Services Outpatient - Individual | Outpatient Therapy including Family Sessions-Mental Healtment: Co-Occurring P.O. Box 271046 Ralston NB 68127 Evaluations; Adult Non-Residential Services Outpatient - Fa | (531)215-9726 mily; Adult Non-Residential Ser | vices Outpatient - |
| Juvenile Services: Other Services: Williams-Russell, Kendra Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Individual-Mental Health; Ore-Treatment Assessment (Medicaid); Assession Adult Assessment Services Substance Abuse Endividual; Juvenile Assessment Services Substance Services Outpatient - Individual Non-Treatment: Anger Management Class | Outpatient Therapy including Family Sessions-Mental Healtment: Co-Occurring P.O. Box 271046 Ralston NB 68127 Evaluations; Adult Non-Residential Services Outpatient - Fa | (531)215-9726 mily; Adult Non-Residential Ser | vices Outpatient - |

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

Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-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: Mental Status Exam (MSE); Assessment: Co-Occurring

Other Services:

| Name | Agency | Address | Phone | Fax |
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| 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-Resoutpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juvenvices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Nor | on-Residential Serviong Treatment; Adult ices Short Term Res ille Non-Residential ent - Family; Juvenil | ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | 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; Assessi | y - Co-occurring; Int | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Family; Juvenile Non-Residential Services Outp | ations; Juvenile Nor | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | Bilingual Services; | | | |
| Claussen, Michelle | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)500-6870 | (402)500-6971 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fam | dult Non-Residential rices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | • | - | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax | |
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| 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 Juvenile Non-Residential Services Outpatient - Fa | dult 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; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; uvenile 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; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | Occurring | | |
| Juvenile Services: | | utpatient Therapy - Co-occurring; Community Treatment Aide; Interent Assessment (Medicaid); Assessment: Mental Status Exam (MS | | sive Outpatient | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | | |
| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | | |
| Substance Abuse Services: | Family, Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment, Adult Ro Juvenile Non-Residential Services Outpatient - G | aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu esidential Services Short Term Residential; Juvenile Assessment S roups; Juvenile Non-Residential Services Outpatient - Family; Juve patient - Co-Occurring Treatment; Juvenile Non-Residential Servic | rring Treatment; Adult services Substance Ab nile Non-Residential S | Non-Residential use Evaluations; ervices Outpatient - | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpatider; Outpatient Therapy - Co-occurring | ent Therapy including | Family Sessions- | |
| Other Services: | Sliding Fee Scale; | | | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juver lential Services Outpat | nile Assessment | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | tpatient Therapy including Group Sessions-Mental Health; Outpatider; Outpatient Therapy - Co-occurring; Assessment: Psychologica | | | |

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurricesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juveral Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| | Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | urring; Assessment: |
| 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 | dult Non-Residential buse Evaluations; Ju | Services Intensive uvenile Non- |
| | 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; As | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Ir | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurringe Non-Residential Services Partial Care; Juvenile Residential Service | dult Non-Residential ces Partial Care; Adu Substance Abuse E n-Residential Servic g Treatment; Juveni | Services Outpatient - ult Residential Evaluations; Juvenile es Outpatient - Family le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Kennedy, Jenna | 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 Intensive Outpatie | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Re ent Treatment; Adult Residential Services Short Term Residential; Juv rvices Outpatient - Groups; Juvenile Non-Residential Services Outpati | sidential Services (venile Assessment (| Outpatient - Individual; Services Substance |
| Mental Health Services: | • | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| 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; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | lult Non-Residential es Substance Abuso n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| Juvenile Services: | including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessr atment: Intensive Family Preservation | rapy - Co-occurring | ; Intensive Outpatient: |
| Other Services: | (| | | |
| Loberg, Katie | 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 Intensive Outpatie Abuse Evaluations; Juvenile Non-Residential Ser | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Resident Treatment; Adult Residential Services Short Term Residential; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services | esidential Services (venile Assessment (atient - Groups; Juv | Outpatient - Individual; Services Substance venile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res | ssessment Services Substance Abuse Evaluations; Adult Non-Reside fult Non-Residential Services Outpatient - Individual; Adult Non-Reside sive Outpatient Treatment; Adult Residential Services Short Term Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; and Non-Residential Services Outpatient - Co-Occurring Treatment; | ential Services Outposidential; Juvenile As ices Outpatient - Fan | atient - Co-Occurring seessment Services nily; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A SE); Assessment: Psychological Evaluation; Assessment: Co-Occurr | ssessment: Pre-Trea | |
| Other Services: | Sliding Fee Scale; | , | · · | |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| 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 Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurrin | ıg | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; A SE); Assessment: Co-Occurring; Non-Treatment: Family Support Wo | Assessment: Pre-Tre | atment Assessment |
| Other Services: | | | | |
| 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; Juvices Intervention/Education; Juvenile Non-Residential Services Outp | venile Assessment S | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| | 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; A | nt Therapy including F ssessment: Pre-Trea | Family Sessions- tment 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; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co | amily; Adult Non-Res rvices Substance Ab venile Non-Residentia | sidential Services use Evaluations; al Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Short Term Residential; Juvenile Assessment Ser Residential Services Outpatient - Groups; Juvenil | sessment Services Substance Abuse Evaluations; Adult Non-Reside ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re Occurring Treatment; Adult Non-Residential Services Intensive Outpat rvices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment; Juvenile Non-Residential Services Intensive | esidential Services O tient Treatment; Adul ces Intervention/Edu ential Services Outpa | utpatient - Individual; t Residential Services cation; Juvenile Non- tient - Individual; |

Mental Health Services:

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 - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental

Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | | Address | Phone | Fax |
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| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey F | PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | 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 (| nt - Family; Adult Services Intensive Juvenile Non-Re dividual; Juvenile | Non-Residential Services Outpatient - Individua Outpatient Treatment; Juvenile Assessment Sisidential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy, Fre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (M: Sliding Fee Scale; Hearing Impaired; | utpatient Therapy ; Intensive Outpa | including Group Sessions-Mental Health; Outp tient: Intensive Outpatient Therapy-Co-occurrin | | |
| Hendon, April | Region II- Human Services | 401 West 1st | Ogallala NB 69153 | (308)534-6029 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Individual; Adult Non-Residential Services Output Residential Services Outputient - Family; Juvenile Treatment | ient - Co-Occurrir | ng Treatment; Juvenile Assessment Services S | ubstance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy | - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. | Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile | nt - Family; Adult Services Intensive ntial Services Sho Juvenile Non-Re dividual; Juvenile | Non-Residential Services Outpatient - Individua Outpatient Treatment; Adult Non-Residential S ort Term Residential; Juvenile Assessment Sen sidential Services Outpatient - Groups; Juvenila Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential tervices Partial Care; Adu vices Substance Abuse E e Non-Residential Servic urring Treatment; Juveni | Services Outpatient - ult Residential Evaluations; Juvenile es Outpatient - Family le Non-Residential |
| Mental Health Services: | | | | | |

Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| McPherson, Trina | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpatient - Individual | venile Assessment S | Services Substance |
| Mental Health Services: | • | · | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | |
| Osborne, Rhonda | Region II- Human Services | 401 West 1st Street Ogallala NB 69153 | (308)284-6767 | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Sc | · · · · · · · · · · · · · · · · · · · | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Mental Health; Outpatient Therapy - Co-occurring Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatient; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: N | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I ve Outpatient Treatment; Juvenile Assessment Services Substance A e Non-Residential Services Outpatient - Individual | buse Evaluations; J | uvenile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation at patient Therapy including Group Sessions-Mental Health; Outpatient Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | t Therapy including l nt: Intensive Outpati | Family Sessions- ent Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Address Phone | | |
|---------------------------|--|--|---|--|--|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential S | valuations; Adult Non-Residential Services Intervention/Education; Activations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Privices Outpatient - Co-Occurring Treatment; Adult Non-Residential Education; Juvenile Non-Residential Services Care Monitoring SA/M ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment | Family; Adult Non-Re Services Intensive Ou H; Juvenile Non-Resion | esidential Services tpatient Treatment; dential Services | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| | Mental Health; Outpatient Therapy - Co-occurrin Therapy-Co-occurring; Assessment: Co-Occurrin | Outpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ng | ent Therapy including ; Intensive Outpatient | Family Sessions- : Intensive Outpatient | |
| Other Services: | Sliding Fee Scale; | | | | |
| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 | |
| | | | | | |
| | | Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | | | |
| Other Services: | | rapation morapy to occurring, Assessment. To occurring | | | |
| Dearmont, Melissa | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Resident | valuations; Adult Non-Residential Services Intervention/Education; Aent - Family; Adult Non-Residential Services Outpatient - Individual; ital Services Intervention/Education; Juvenile Non-Residential Servicele Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Individual - Individual - Individual - Individual - Individual - Individu | Adult Non-Residentia ces Outpatient - Group | Services Outpatient os; Juvenile Non- | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | | |
| Juvenile Services: | Assessment: Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Frank, Abigail | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | (402)336-2849 | |
| 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 - Family; Juvenile Non-Co-Occurring Treatment | Adult Non-Residentia ervices Intervention/Ed | Services Outpatient ducation; Juvenile | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | 8 | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | Outpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy including | Family Sessions- | |

Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

| Agency | Address | Phone | Fax |
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| Sliding Fee Scale; Bilingual Services; | | | |
| Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Re Juvenile Non-Residential Services Outpatient - Fa | t - Individual; Adult Non-Residential Services Outpatient - Co-Occuri esidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | ing Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |
| | | | |
| Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | ırring; Assessment: |
| Sliding Fee Scale; | | | |
| 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 Sen Juvenile Non-Residential Services Intervention/Ec Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | 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 Outpa | Family; Adult Non-Re ervices Substance Ab ; Juvenile Non-Resid | sidential Services buse Evaluations; lential Services |
| Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| | 301 | | |
| Hampton Behavioral Health & Family Services, Inc | 116 West Douglas St Suite B O'Neill NB 68763 | (402)336-3200 | (402)336-3219 |
| Adult Assessment Services Substance Abuse Eva | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| | | | |
| Outpatient Therapy including Group Sessions-Me | ntal Health; Outpatient Therapy including Family Sessions-Mental H | ealth; Outpatient The | |
| | Serenity Adult Assessment Services Substance Abuse Evices Intensive Outpatient Treatment; Adult Rouvenile Non-Residential Services Outpatient - Faco-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Faco-Occurring Treatment; Juvenile Non-Residential Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Faco-Occurring Treatment Assessment (Medicaid) Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Evicential Services Outpatient - Individual; Adult Non-Residential Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disord Sliding Fee Scale; Hampton Behavioral Health & Family Services, Inc Adult Assessment Services Substance Abuse Evicential Services Outpatient Therapy including Group Sessions-Mental Health; Outpatient Th | Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adramily; Adult Non-Residential Services Outpatient - Co-Occurring Services Intensive Outpatient Treatment; Adult Residential Services Dual Residential (MH/SA); Juvenile Assessment Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Juve Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juve Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Pre-Treatment Assessment (Medicaid) Sliding Fee Scale; Beacon of Hope Counseling Center LLC 308 W 4th St North Platte NB 69101 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Foutpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatie | Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Services Intensive Outpatient Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Services Intensive Outpatient Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Services Substance Abuse Individual; Adult Non-Residential Services Outpatient Services Substance Outpatient Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurre-Treatment Assessment (Medicaid) Sliding Fee Scale; Beacon of Hope Counseling Center LLC 308 W 4th St North Platte NB 69101 (308)532-0777 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 Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Mental Health; Outpatient Therapy - Eating Disorder Sliding Fee Scale; |

Other Services: Sliding Fee Scale; Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurringe Non-Residential Services Partial Care; Juvenile Residential Services | lult Non-Residential S es Partial Care; Adult Substance Abuse Ev n-Residential Services g Treatment; Juvenile | ervices Outpatient - Residential aluations; Juvenile Outpatient - Family; Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kennedy, Jenna | 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 Intensive Outpatie | ssessment Services Substance Abuse Evaluations; Adult Non-Resider ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re ent Treatment; Adult Residential Services Short Term Residential; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outpation | sidential Services Ou venile Assessment Se | tpatient - Individual; rvices Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Laffin, 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-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adults Outpatient - Groups; Adult Non-Residential Services Outpatient - Favices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; June 1981 | amily; Adult Non-Resi rvices Intensive Outpa n; Juvenile Non-Resi utpatient - Family; Juv uvenile Non-Resident | dential Services atient Treatment; dential Services enile Non- |
| Mental Health Services: | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Oc | ccurring | |

Juvenile Services: Non-Treatment: Anger Management Class: Non-Treatment: General Education Class: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy

Intensive Outpatient Therapy-Mental Health; Day Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid)

including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient:

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Mental Health Services: Juvenile Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Add | dress | Phone | Fax |
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| Loberg, Katie | 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 A Adult Non-Residential Services Outpatient - Gro Adult Non-Residential Services Intensive Outpat Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Family; Juvenile Non-Resi | ups; Adult Non-Residential Service ient Treatment; Adult Residential S rvices Intervention/Education; Juve | s Outpatient - Family; Adult Non- Services Short Term Residential; enile Non-Residential Services O | Residential Services (Juvenile Assessment utpatient - Groups; Juv | Outpatient - Individua Services Substance venile Non-Residenti |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Mackling, Jamie | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3655 |
| Mental Health Services: Juvenile Services: | | Services Intensive Outpatient Treat; Juvenile Non-Residential Service | tment; Juvenile Assessment Ser s Outpatient - Groups; Juvenile N | vices Substance Abus Ion-Residential Servic | e Evaluations; Juven es Outpatient - Fami |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual S | ervices; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB | 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations: Adult Non-Residential S | | | |
| Mental Health Services: | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juven | sive Outpatient Treatment; Juvenile ile Non-Residential Services Outpa | e Assessment Services Substanc atient - Individual | e Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Individual; Adult Non-Residential Services Intensive Residential Services Outpatient - Groups; Juven Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Omental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk | sive Outpatient Treatment; Juvenile ile Non-Residential Services Outpat (bio-psychosocial); Co-Occurring; Outpatient Therapy including Group Sexually Harm; Outpatient Therapy in Assessment (Medicaid); Assessment (Medicaid); | e Assessment Services Substand atient - Individual Adults who Sexually Harm Evalu Sessions-Mental Health; Outpat y - Co-occurring; Intensive Outpa ment: Mental Status Exam (MSE) | e Abuse Evaluations; ation; Psychological E ent Therapy including tient: Intensive Outpat | Juvenile Non-valuation Family Sessions- cient Therapy-Youth |
| Juvenile Services: | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juven Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatmer | sive Outpatient Treatment; Juvenile ile Non-Residential Services Outpat (bio-psychosocial); Co-Occurring; Outpatient Therapy including Group Sexually Harm; Outpatient Therapy in Assessment (Medicaid); Assessment (Medicaid); | e Assessment Services Substanc atient - Individual Adults who Sexually Harm Evalu Sessions-Mental Health; Outpat y - Co-occurring; Intensive Outpa nent: Mental Status Exam (MSE) surring | e Abuse Evaluations; ation; Psychological E ent Therapy including tient: Intensive Outpat | Juvenile Non-valuation Family Sessions- cient Therapy-Youth |

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Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| | Name | Agency | Address | Phone | Fax | |
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|--|------|--------|---------|-------|-----|--|

Other Services:

Women's Empowering Life Line Woslager, Tammy

910 W Park Ave Norfolk NB 68701

(402)370-3140

Substance Abuse Services: Adult Emergency Services Social Detox: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient Treatment: Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

Mental Health Services:

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 - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

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/Ec Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Aduss Outpatient - Groups; Adult Non-Residential Services Outpatient - Four Freitenstein - Co-Occurring Treatment; Adult Non-Residential Seducation; Juvenile Non-Residential Services Care Monitoring SA/MH; prvices Outpatient - Family; Juvenile Non-Residential Services Outpativenile Non-Residential Services Intensive Outpatient Treatment | amily; Adult Non-Rervices Intensive Ou Juvenile Non-Resid | esidential Services tpatient Treatment; dential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | ttpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient erapy-Co-occurring; Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Eckland, Julie | | PO Box 1603 Scottsbluff NB 69363 | (308)225-4780 | (308)217-4277 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluatio | ns | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Adu ient - Co-Occurring Treatment; Juvenile Assessment Services Substa enile Non-Residential Services Outpatient - Individual; Juvenile Non-R | 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- |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | t Therapy - Co-occ | urring; Assessment: |
| Other Services: | es: Sliding Fee Scale; | | | |
| Garcia, Karri | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1365 | (308)635-7880 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nonce Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| Mental Health Services: Juvenile Services: | • | | | |
| Caronino Convideo. | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|--|
| Hajek, Marilyn | Destiny Counseling Services | 1023 10th Ave Sidney NB 69162 | (308)254-0737 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr sidential Services Outpatient - Groups; Juvenile Non-Residential Serv | eatment; Juvenile As | ssessment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Montal Hoolth Conjector | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Non-Residential Servi- ential Services Short Term Residential; Juvenile Assessment Services ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring e Non-Residential Services Partial Care; Juvenile Residential Services | ces Partial Care; Adu S Substance Abuse E n-Residential Servic g Treatment; Juveni | ult Residential Evaluations; Juvenile es Outpatient - Fami le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | Bilingual Services; | | | |
| Long, Theresa | Waves Counseling | 315 Main St Chadron NB 69337 | (308)430-4095 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| | | tient Therapy - Individual-Mental Health; Outpatient Therapy including | Group Sossions M | ontal Hoalth: |
| Juvernie Services. | | ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | | eman neamn, |
| Other Services: | Sliding Fee Scale; | , , | 3 | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Individual; Adu lervices Substance Abuse Evaluations; Juvenile Non-Residential Ser Treatment | | |

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

Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient

Juvenile Services: Non-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Anger

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|---|--|---------------------------|---|
| Other Services: | | n; Outpatient Therapy including Family Sessions-Mental Health; Health; Assessment: Pre-Treatment Assessment (Medicaid); Asily Support Worker | | |
| Rodriguez, Juanita | ACCS Inc | 1917 Avenue A Scottsbluff NB 69361 | (308)633-1390 | (308)633-1393 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individuation rvices Intervention/Education; Juvenile Non-Residential Services Hential Services Outpatient - Individual | ual; Juvenile Assessment | Services Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: General Education Class; Non-T | reatment: Family Partner; Contracted Services: Electronic Moni | toring | |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual | | | |
| | Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Out Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out t Assessment (Medicaid); Assessment: Mental Status Exam (M | patient Therapy including | Family Sessions- tient Therapy-Youth |

Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring

| Name | Agency | Address | Phone | Fax |
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| Holeman, Krista | Brodstone Memorial Hospital | 520 E 10th St Superior NB 68978 | (402)207-1542 | (402)207-1013 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Aservices Substance Abuse Evaluations; Juvenile Non-Residential Seuvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Co-Occurring Treatment | Adult Non-Residential rvices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurrin | | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual S | ervices; | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| | | ent - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In | Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurriule Non-Residential Services Partial Care; Juvenile Residential Services | ices Partial Care; Adus s Substance Abuse E on-Residential Service ng Treatment; Juvenil | ult Residential Evaluations; Juvenile es Outpatient - Famil e Non-Residential |
| Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile | Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Trem Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | ices Partial Care; Adus s Substance Abuse E on-Residential Service ng Treatment; Juvenil | ult Residential Evaluations; Juvenile es Outpatient - Famil e Non-Residential |
| Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Is Services Intensive Outpatient Treatment; Juvenile | Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Trem Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | ices Partial Care; Adus s Substance Abuse E on-Residential Service ng Treatment; Juvenil | ult Residential Evaluations; Juvenile es Outpatient - Famil e Non-Residential |
| Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile | Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Trem Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | ices Partial Care; Adus s Substance Abuse E on-Residential Service ng Treatment; Juvenil | ult Residential Evaluations; Juvenile es Outpatient - Famil e Non-Residential |
| Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Is Services Intensive Outpatient Treatment; Juvenile | Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Trem Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | ices Partial Care; Adus s Substance Abuse E on-Residential Service ng Treatment; Juvenil | ult Residential valuations; Juvenile es Outpatient - Fami e Non-Residential |
| Juvenile Services: Other Services: Kennedy, Jenna | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - It Services Intensive Outpatient Treatment; Juvenile Billingual Services; Behavioral Health Specialist/Seekers of Serenity Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Groundfull Non-Residential Services Intensive Outpat | Services Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrile Non-Residential Services Outpatient - Co-Occurrile Non-Residential Services Partial Care; Juvenile Residential Services | ices Partial Care; Adus Es Substance Abuse Eon-Residential Service on Treatment; Juvenil es Short Term Reside (402)370-3140 ential Services Intervential Services Couvenile Assessment S | ult Residential Evaluations; Juvenile es Outpatient - Famil e Non-Residential ential ention/Education; outpatient - Individual Services Substance |
| Juvenile Services: Other Services: Kennedy, Jenna | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Bilingual Services; Behavioral Health Specialist/Seekers of Serenity Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Intensive Outpat Abuse Evaluations; Juvenile Non-Residential Services Second Services Second Services Second Services Second Services Services Second Services Services Second Services | Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Short Term Residential; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrile Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services Outpatient - Services Seessment Services Substance Abuse Evaluations; Adult Non-Residups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Short Term Residential; Juvenile Residential Services Short Term Residential; Juvenile Res | ices Partial Care; Adus Es Substance Abuse Eon-Residential Service on Treatment; Juvenil es Short Term Reside (402)370-3140 ential Services Intervential Services Couvenile Assessment S | ult Residential Evaluations; Juvenile es Outpatient - Fami e Non-Residential ential ention/Education; outpatient - Individua Services Substance |
| Juvenile Services: Other Services: Kennedy, Jenna Substance Abuse Services: Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Bilingual Services; Behavioral Health Specialist/Seekers of Serenity Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Ground Adult Non-Residential Services Intensive Outpat Abuse Evaluations; Juvenile Non-Residential Services Second Services Second Services Second Services Second Services Services Second Services Services Second Services | Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Short Term Residential; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrile Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services Outpatient - Services Seessment Services Substance Abuse Evaluations; Adult Non-Residups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Short Term Residential; Juvenile Residential Services Short Term Residential; Juvenile Res | ices Partial Care; Adus Es Substance Abuse Eon-Residential Service on Treatment; Juvenil es Short Term Reside (402)370-3140 ential Services Intervential Services Couvenile Assessment S | ult Residential Evaluations; Juvenile es Outpatient - Famil e Non-Residential ential ention/Education; eutpatient - Individual Services Substance |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| 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 | raluations; Juvenile Assessment Services Substance Abuse Evaluati | ons | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asset Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | nent Assessment (bio | -psychosocial); Co- |
| | Non-Treatment: Supervised Visitation; 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: Co-Occurring; Non-Treatment: Intensive Family Preservation | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - | Adult Non-Residential es Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | Cavorino Non Residential Colvisco interiore Car | Salone Froatmone | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adul ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | Abuse Evaluations; | Juvenile Non- |
| | • | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | | |
| | 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-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 Sliding Fee Scale; | | | ient Therapy-Youth |
| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | raluations; Adult Non-Residential Services Outpatient - Groups; Adul ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual; Juvenile Non-Re | Abuse Evaluations; | Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|---|---|---|
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - tient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Prvices Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; | | |
| Mental Health Services: | our or more recommendation of the comment of the company of the co | | | |
| Juvenile Services: Other Services: | Non-Treatment: Anger Management Class | | | |
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Juvenile Assessment Services Substance Abuse Evalua Services Outpatient - Family; Juvenile Non-Residential Services Outp | ations; Juvenile Non- | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | Bilingual Services; | | | |
| 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 | | dividual; Adult Non-F I Services Short Teri n; Juvenile Non-Res | Residential Services m Residential; idential Services |
| | • | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri | | • |

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

Mental Health Services:

Juvenile Services: 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; Assessment: Psychological Evaluation;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|--|---|---|--|
| | Assessment: Co-Occurring | | | | |
| Other Services: | | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Dual Residential (MH/SA); Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | |
| Mental Health Services: | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid) | outpatient Therapy including Family Sessions-Mental Health; Outp | atient Therapy - Co-occ | urring; Assessment: | |
| Other Services: | Sliding Fee Scale; | | | | |
| Gregory, Nichole | | 2170 North Platte Ave Fremont NB 68025-2630 | (402)720-1621 | (402)753-6445 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua vices Substance Abuse Evaluations; Juvenile Non-Residential Seile Non-Residential Services Outpatient - Family; Juvenile Non-Repatient Treatment | il; Adult Non-Residential rvices Intervention/Educ | Services Intensive ation; Juvenile Non- | |
| Mental Health Services: | | | | | |
| Juvenile Services: | Non-Treatment: General Education Class | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | (402)753-6445 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Intervention/Education | : Adult Non-Residential | Services Outpatient - | |

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

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 - Family;

Occurring

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

Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring

Other Services: Sliding Fee Scale: Bilingual Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Intersidential Services Short Term Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | lult Non-Residential les Partial Care; Adu Substance Abuse E n-Residential Servic g Treatment; Juveni | Services Outpatient - ult Residential Evaluations; Juvenile es Outpatient - Family le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kennedy, Jenna | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: Mental Health Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Intensive Outpati | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Re ent Treatment; Adult Residential Services Short Term Residential; Juv rvices Outpatient - Groups; Juvenile Non-Residential Services Outpati | sidential Services C venile Assessment S | Outpatient - Individual; Services Substance |
| | Non-Treatment: Anger Management Class | | | |
| | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices: | | |
| Kiuntke, Jean | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Groups; Juvenile Non-Residential Services Out | uations; Juvenile No | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual 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: | | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |

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

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| | including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individual-I ent Therapy including Family Sessions-Mental Health; Outpatient Then nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessm | rapy - Co-occurring; | Intensive Outpatient: |

Other Services:

Discovery Counseling, LLC Lewallen, Lori

3005 19th Street, Suite 700 Columbus NB 68601

(402)873-5505

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; 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; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

(Medicaid); Assessment: Co-Occurring; Non-Treatment: Intensive Family Preservation

Juvenile Services: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

Other Services:

Blue Valley Behavioral Health Lewallen, Lori

3901 Normal Blvd #201 Lincoln NB 68506

(402)261-4017

(402)261-4137

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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: Juvenile Non-Residential Services Intensive Outpatient Treatment

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

Other Services:

Muhle, Mindy

Embark Counseling LLC

3154 18th Ave Suite 7 Columbus NB 68601

(402)942-9005

Substance Abuse Services: 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 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; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

Juvenile Services: 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; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Occurring; Assessment (Medicaid); Assessment (Medic Occurring

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Ortiz-Vega, Adalis | Adalis Ortiz-Vega | 1368 E Normandy Blvd Deltona FL 32725 | (956)203-9601 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-O Non-Residential Services Intervention/Education; Juvenile Non amily; Juvenile Non-Residential Services Outpatient - Individual | ccurring Treatment; Juve -Residential Services Ou | nile Assessment tpatient - Groups; |
| 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 | utpatient Therapy including Group Sessions-Mental Health; Out _l g; Assessment: Co-Occurring | patient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | • | | |
| Osantowski, Christina | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)564-4001 |
| 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/Educationt - Individual; Adult Non-Residential Services Outpatient - Co-O Non-Residential Services Intervention/Education; Juvenile Non Idividual; Juvenile Non-Residential Services Outpatient - Co-Oct | ccurring Treatment; Juve -Residential Services Ou | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Therapy - Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Out | patient Therapy - Eating | Disorder; Outpatient |
| 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 | raluations; Adult Non-Residential Services Intervention/Educationt - Individual; Adult Non-Residential Services Outpatient - Co-O Non-Residential Services Intervention/Education; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Oct | ccurring Treatment; Juve Residential Services Ou | 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 | | |
| Other Services: | Sliding Fee Scale; | | | |
| Phillips, Mary | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu ervices Substance Abuse Evaluations; Juvenile Non-Residentia | ial; Adult Non-Residentia | l Services Outpatient |

Mental Health Services:

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

Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual;

Pre-Treatment Assessment (Medicaid)

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | | |
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| Other Services: | | | | | | |
| Radtke, Paul | | 2170 N Platte Ave Fremont NB 68025 | (402)720-7026 | | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Ad ince Abuse Evaluations; Juvenile Non-Residential Services Outpati | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | tpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health | | | | |
| Other Services: | | | | | | |
| 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 | raluations; Adult Non-Residential Services Intervention/Education; as Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment (bio-psychosocial) | Family; Adult Non-Res Services Intensive Outpation; Juvenile Non-Res Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services venile Non- | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Assess | sment: Pre-Treatment A | ssessment | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Rowley, Abbie | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)920-2809 | | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar | raluations; Adult Non-Residential Services Outpatient - Family; Adutient - Co-Occurring Treatment; Juvenile Assessment Services Subse Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - | ostance Abuse Evaluation | ons; Juvenile Non- | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Treatment Aide; Non-Treatment: Intensive Family | utpatient Therapy including Family Sessions-Mental Health; Outpat v Preservation | tient Therapy - Co-occu | rring; Community | | |
| Other Services: | | , | | | | |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Ado nt - Individual; Adult Non-Residential Services Outpatient - Co-Occi Non-Residential Services Outpatient - Groups; Juvenile Non-Residential | urring Treatment; Juven | ile Assessment | | |

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); Co-Occurring

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | putpatient Therapy including Group Sessions-Mental Health; Oug; Intensive Outpatient: Intensive Outpatient Therapy-Mental H ISE); Assessment: Co-Occurring; Non-Treatment: Family Supp | ealth; Assessment: Pre-Tr | eatment Assessment |
| Other Services: | | | | |
| Stahlecker, Rebecca | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)741-0801 | (402)395-5121 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Educatint - Individual; Adult Non-Residential Services Outpatient - Coe Non-Residential Services Intervention/Education; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-O | Occurring Treatment; Juve n-Residential Services Ou | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E | Evaluation | |
| Juvenile Services: | | outpatient Therapy including Family Sessions-Mental Health; O : Therapy - Co-occurring; Assessment: Co-Occurring; Non-Trea | | |
| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 sive Outpatient Treatment; Juvenile Assessment Services Subs ile Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E | tance Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | nutpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Co-occurring; Intensive C at Assessment (Medicaid); Assessment: Mental Status Exam (N | utpatient Therapy including | Family Sessions- tient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | Toossonian, Accessment to Cookining | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| | Adult Assessment Services Substance Abuse Ev 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/Educations Outpatient - Groups; Adult Non-Residential Services Outpatier - Co-Occurring Treatment; Juvenile Assessmeducation; Juvenile Non-Residential Services Outpatient - Groupatient - Individual; Juvenile Non-Residential Services Outpatient | ion; Adult Non-Residential ient - Family; Adult Non-Re ient Services Substance Al ps; Juvenile Non-Resident | Services Care esidential Services buse Evaluations; ial Services Outpatie |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Incient Therapy including Family Sessions-Mental Health; Outpati | | |

| Name | Agency | Address | Phone | Fax |
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| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services C Co-Occurring Treatment; Juvenile Assess | buse Evaluations; Adult Non-Residential Services Intervention/Ed Outpatient - Family; Adult Non-Residential Services Outpatient - In sment Services Substance Abuse Evaluations; Juvenile Non-Resioups; Juvenile Non-Residential Services Outpatient - Family; Juventient - Co-Occurring Treatment | ndividual; Adult Non-Residential dential Services Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatien Adult Non-Residential Services Outpatien Short Term Residential; Juvenile Assessr Residential Services Outpatient - Groups; | Adult Assessment Services Substance Abuse Evaluations; Adult nt - Groups; Adult Non-Residential Services Outpatient - Family; Ant - Co-Occurring Treatment; Adult Non-Residential Services Interment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile tient - Co-Occurring Treatment; Juvenile Non-Residential Service | dult Non-Residential Services C sive Outpatient Treatment; Adu lential Services Intervention/Edu Non-Residential Services Outpa | Outpatient - Individual; It Residential Services Ication; Juvenile Non- atient - Individual; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sess | ss; Outpatient Therapy - Individual-Mental Health; Outpatient Thei sions-Mental Health; Outpatient Therapy - Co-occurring; Intensive utpatient Therapy-Co-occurring; Assessment: Pre-Treatment Asse | Outpatient: Intensive Outpatien | t Therapy-Mental |
| | | | | |

Mental Health Services:

Other Services:

Juvenile Services: Non-Treatment: Anger Management Class

| Name | Agency | Address | Phone | Fax |
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| Barr, Tom | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | • |
| | Groups; Adult Non-Residential Services Outpatier Outpatient Treatment; Juvenile Assessment Services Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp | | dult Non-Residential es Intervention/Educa | Services Intensive tion; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment (| (ਨਾਰ-psychosociar); Co-Occurring py - Individual-Mental Health; Outpatient Therapy including Group Se | essions-Mental Healtl | n. Outpatient Theran |
| Gaverine Cervices. | | ent Therapy - Co-occurring; Contracted Services: Tracker; Contracted | | |
| Other Services: | Bilingual Services; | | | |
| 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 Outpatien Services Intensive Outpatient Treatment; Adult Re Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services | sessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occurresidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juvervices Outpatient - Groups; Juvenile Non-Residential Services Outpatisidential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; | on-Residential Servic ing Treatment; Adult ices Short Term Res nile Non-Residential S ient - Family; Juvenile | es Outpatient - Non-Residential idential; Juvenile Services Care e Non-Residential |
| 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 | by - Co-occurring; Into | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment; Juvenile Assessment Servi | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment | dult Non-Residential es Intervention/Educa | Services Intensive ition; Juvenile Non- |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education nt - Individual; Juvenile Assessment Services Substance Abuse E I Services Outpatient - Family; Juvenile Non-Residential Services | valuations; Juvenile Nor | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | Bilingual Services; | | | |
| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatiel Services Intensive Outpatient Treatment; Adult F Juvenile Non-Residential Services Outpatient - G | valuations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Oc Residential Services Short Term Residential; Juvenile Assessmen Broups; Juvenile Non-Residential Services Outpatient - Family; Ju atpatient - Co-Occurring Treatment; Juvenile Non-Residential Sen | curring Treatment; Adult t Services Substance Ab venile Non-Residential S | Non-Residential buse Evaluations; Services Outpatient - |
| 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 | utpatient Therapy including Group Sessions-Mental Health; Outp | atient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | ,,, | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Oce Non-Residential Services Outpatient - Groups; Juvenile Non-Rej Juvenile Non-Residential Services Outpatient - Co-Occurring Tre | ccurring Treatment; Juve sidential Services Outpa | nile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | outpatient Therapy including Group Sessions-Mental Health; Outp rder; Outpatient Therapy - Co-occurring; Assessment: Psychologi | | |
| Other Services: | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatiel Services Intensive Outpatient Treatment; Adult F | valuations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Residential Services Dual Residential (MH/SA); Juvenile Assessm family; Juvenile Non-Residential Services Outpatient - Individual; | ccurring Treatment; Adult ent Services Substance | : Non-Residential Abuse Evaluations; |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Outpatient Therapy - Individual-Mental Health: Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occur | ring: Assessment: |

Other Services: Sliding Fee Scale;

Gregory, Nichole 2170 North Platte Ave Fremont NB 68025-2630 (402)720-1621 (402)753-6445

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 Intensive Outpatient 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 Intensive Outpatient Treatment

Mental Health Services:

Juvenile Services: Non-Treatment: General Education Class

Pre-Treatment Assessment (Medicaid)

Other Services: Sliding Fee Scale;

Hallstrom, Debra 2170 N. Platte Ave. Fremont NB 68025 (402)720-8220 (402)753-6445

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; 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 Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Co-

Occurring

Juvenile Services: 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; Assessment: Co-Occurring

Other Services: Sliding Fee Scale; Bilingual Services;

Behavioral Health Specialist/Seekers of 900 W Norfolk Ave Ste 200 Norfolk NB 68701 Hergott, Mariah (402)370-3140

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 Intensive Outpatient Treatment; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual;

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

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

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

Mental Health: Outpatient Therapy - Co-occurring: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring: Assessment: Pre-Treatment Assessment

(Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale:

| Name | Agency | Address | Phone | Fax |
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| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Service | dult Non-Residential ces Partial Care; Adı Substance Abuse E n-Residential Servic g Treatment; Juveni | Services Outpatient - ult Residential Evaluations; Juvenile es Outpatient - Family; le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kennedy, Jenna | 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 Intensive Outpatie | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Resent Treatment; Adult Residential Services Short Term Residential; Juvices Outpatient - Groups; Juvenile Non-Residential Services Outpati | esidential Services C venile Assessment S | Outpatient - Individual; Services Substance |
| Mental Health Services: | | | | |
| | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| 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 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-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abusen-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessi atment: Intensive Family Preservation | erapy - Co-occurring | ; Intensive Outpatient: |
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Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Lembke, Brenda | | 2170 N Platte Ave Fremont NB 68025 | (402)753-7556 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res | valuations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Intensive Outpatient sidential Services Intervention/Education; Juvenile Non-Residential Senile Non-Residential Services Intensive Outpatient Treatment | Treatment; Juvenile Ass | sessment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Loberg, Katie | 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 - Groundfult Non-Residential Services Intensive Outpating Abuse Evaluations; Juvenile Non-Residential Services Intensive Outpating Non-Residential Services (Non-Residential Services) | ssessment Services Substance Abuse Evaluations; Adult Non-Residups; Adult Non-Residential Services Outpatient - Family; Adult Non-lent Treatment; Adult Residential Services Short Term Residential; Jervices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - | Residential Services Ou Juvenile Assessment Se utpatient - Groups; Juver | tpatient - Individual rvices Substance nile Non-Residentia |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Neuhalfen, Kristen | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | Adult Non-Residential Services Intervention/Educ | ervices Outpatient cation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatient: Outpatient Therapy - Co-occurring: Assessment: Co-Occurring | | amily Sessions- |
| Other Services: | Sliding Fee Scale; | 3 | | |
| 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; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring | rring Treatment; Juvenil sidential Services Outpa | e Assessment |
| | | | | |

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

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

| Name | Agency | Address | Phone | Fax |
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| 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-Resisive Outpatient Treatment; Adult Residential Services Short Term Ridential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | idential Services Outp esidential; Juvenile As rvices Outpatient - Far | atient - Co-Occurring seessment Services nily; Juvenile Non- |
| | 133 | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | - " 0 ' |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpations; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; SE); Assessment: Psychological Evaluation; Assessment: Co-Occu | Assessment: Pre-Trea | |
| Other Services: | Sliding Fee Scale; | | 9 | |
| Radtke, Paul | | 2170 N Platte Ave Fremont NB 68025 | (402)720-7026 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adu ince Abuse Evaluations; Juvenile Non-Residential Services Outpatie | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient | utpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adunt - 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; Juver ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurr | ing | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health SE); Assessment: Co-Occurring; Non-Treatment: Family Support W | ; Assessment: Pre-Tre | atment Assessment |
| | Preservation | obj, 760000ment. 00 0000ming, 110m Fredericht. Falling Support 11 | roncer, rion frediment | . Interisive r anniny |

| Name | Agency | Address | Phone | Fax | |
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| Smith, Kaitlyn | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)677-7442 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Acervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family | dult Non-Residential vices Intervention/Ed | Services Outpatient lucation; Juvenile | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| | Outpatient Therapy - Individual-Mental Health; On Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatieng; Assessment: Co-Occurring | nt Therapy including | Family Sessions- | |
| 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; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Acervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family | dult Non-Residential vices Intervention/Ed | Services Outpatient lucation; Juvenile | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio- | -psychosocial); Co- | |
| 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: | Sliding Fee Scale; Bilingual Services; | | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - | uvenile Assessment | Services Substance | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | | |
| 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 | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - ndividual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile 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; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | urring | |

| Name | Agency | Address | Phone | Fax |
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| 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; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Se; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrence | il; Adult Non-Residential ervices Substance Abuse Non-Residential Service | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpag; 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 Outpatien rvices Outpatient - Co-Occurring Treatment; Juvenile Assessmen ducation; Juvenile Non-Residential Services Outpatient - Groups; patient - Individual; Juvenile Non-Residential Services Outpatient - | t - Family; Adult Non-Re t Services Substance Ab Juvenile Non-Residenti | esidential Services ouse Evaluations; al Services Outpatier |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | atment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individual Therapy including Family Sessions-Mental Health; Outpatient Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | 3 | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| 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 iervices Substance Abuse Evaluations; Juvenile Non-Residential uvenile Non-Residential Services Outpatient - Family; Juvenile Noto-Occurring Treatment | l; Adult Non-Residential Services Intervention/Ed | Services Outpatient lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
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| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)370-3140 | | |
| Substance Abuse Services: Adult Emergency Services Social Detox; Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; | | | | | |

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

Mental Health Services:

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 - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring: Assessment: Pre-Treatment 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 |
| | | aluations; Juvenile Assessment Services Substance Abuse Evaluatio to-Occurring; Adults who Sexually Harm Evaluation | ns | |
| 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; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abusen-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As SE); Assessment: Co-Occurring | | |
| Cooper, Lynn | Midwest Country Clinic | 801 S State St Bassett NB 68714 | (308)440-9042 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential rices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Dearmont, Melissa | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Resident | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Adult Services Intervention/Education; Juvenile Non-Residential Services Intervential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Indivi | dult Non-Residential s Outpatient - Group | Services Outpatient - s; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| Juvenile Services: | Assessment: Co-Occurring | | | |
| 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; Adult atient - Co-Occurring Treatment; Juvenile Assessment Services Subsile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Indiv | tance Abuse Evaluat | ions; 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; O Pre-Treatment Assessment (Medicaid); Assessn | Outpatient Therapy including Family Sessions-Mental Health; Outpation nent: Co-Occurring | ent Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | - | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult F | valuations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Residential Services Dual Residential (MH/SA); Juvenile Assessment Family; Juvenile Non-Residential Services Outpatient - Individual; Juvitial Services Intensive Outpatient Treatment | ring Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Education; Adves Outpatient - Groups; Adult Non-Residential Services Outpatient - ervices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Care Monitoring SA/MH dervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient | Family; Adult Non-Re ervices Substance Ab I; Juvenile Non-Resio | esidential Services buse Evaluations; dential Services |

Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial)

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Eating Disor Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatien der | t Therapy including F | Family Sessions- |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Service | dult Non-Residential ses Partial Care; Adu Substance Abuse E n-Residential Service g Treatment; Juvenile | Services Outpatient - It Residential valuations; Juvenile es Outpatient - Family; e Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 2002 Central Ave Kearney NB 68847-4473 | (308)708-9379 | |
| Substance Abuse Services: 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-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Fraces Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Onile Non-Residential Services Outpatient - Co-Occurring Treatment; Chio-psychosocial): Co-Occurring | amily; Adult Non-Res rvices Intensive Outp on; Juvenile Non-Res utpatient - Family; Ju | sidential Services patient Treatment; sidential Services evenile Non- |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including f | Family Sessions- |
| | Mental Health; Outpatient Therapy - Eating Disor | der; Assessment: Pre-Treatment Assessment (Medicaid) | t morapy morading i | uniny Cocciono |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenii | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance Ale Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | Abuse Evaluations; J | uvenile Non- |
| 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 | nt: Intensive Outpation | ent Therapy-Youth |

Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring

| Name | Agency | Address | Phone | Fax |
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| Stoll, Miranda | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)870-2630 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individua services Substance Abuse Evaluations; Juvenile Non-Residential suvenile Non-Residential Services Outpatient - Family; Juvenile No so-Occurring Treatment | l; Adult Non-Residential Services Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | | - | | |
| | Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpa | 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 Non-Residential Services Care Monitoring SA/MI Family; Juvenile Non-Residential Services Outpa | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individua services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenil tient - Individual essment (PTA); Pre-Treatment Assessment (bio-psychosocial); C | l; Adult Non-Residential Services Intervention/Ed e Non-Residential Servi | Services Outpatient - ucation; Juvenile |
| Mentan Health Services. | Outpatient Therapy, Juvernie Fre-Treatment Assi | essment (FTA), FTe-Treatment Assessment (bio-psychosocial), C | 0-Occurring | |
| Invenile Services: | Outpatient Therapy - Individual-Mental Health: O | utnationt Therapy including Family Sessions-Mental Health | · · | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | Ç | |
| | Outpatient Therapy - Individual-Mental Health; O Inner Reflections Counseling Center | utpatient Therapy including Family Sessions-Mental Health 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)221-6902 | (308)221-6904 |
| Other Services: Young, Sandra Substance Abuse Services: | Inner Reflections Counseling Center Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - F Outpatient Treatment | 101 S. Chestnut, Suite 2 North Platte NB 69101 raluations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occe Assessment Services Substance Abuse Evaluations; Juvenile Namily; Juvenile Non-Residential Services Outpatient - Individual; Cartinoperation of the Company of the Compa | dult Non-Residential Ser curring Treatment; Adult Ion-Residential Services | vices Outpatient - Non-Residential Outpatient - Groups |
| Other Services: Young, Sandra Substance Abuse Services: Mental Health Services: | Inner Reflections Counseling Center Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil Juvenile Non-Residential Services Outpatient - F Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | 101 S. Chestnut, Suite 2 North Platte NB 69101 raluations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occe Assessment Services Substance Abuse Evaluations; Juvenile Namily; Juvenile Non-Residential Services Outpatient - Individual; Cartinoperation of the Company of the Compa | dult Non-Residential Ser curring Treatment; Adult Ion-Residential Services Iuvenile Non-Residentia | vices Outpatient - Non-Residential Outpatient - Groups I Services Intensive |

| Name | Agency | Address | Phone | Fax | |
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| Brostad, Greg | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | | |
| | 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 Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | dult Non-Residential Ses Substance Abuse In-Residential Services Treatment; Juvenile | ervices Outpatient - Evaluations; Juvenile S Outpatient - Family; | |
| 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; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring | | | | |
| Other Services: | | | | | |
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Family; Juvenile Non-Residential Services Outp | ations; Juvenile Non-l | | |
| Mental Health Services: | | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | | |
| Other Services: | 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: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Oo | ccurring | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Community Treatment Aide; Intensionent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ve Outpatient: Intensi | ve Outpatient | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ` , | • | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - G | raluations; Adult Non-Residential Services Outpatient - Groups; Adult t- Individual; Adult Non-Residential Services Outpatient - Co-Occur esidential Services Short Term Residential; Juvenile Assessment Stroups; Juvenile Non-Residential Services Outpatient - Family; Juven tpatient - Co-Occurring Treatment; Juvenile Non-Residential Services | rring Treatment; Adult ervices Substance Ab nile Non-Residential S | Non-Residential buse Evaluations; Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpation der; Outpatient Therapy - Co-occurring | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Residuvenile Non-Residential Services Outpatient - Co-Occurring Treatr | rring Treatment; Juver ential Services Outpa | nile Assessment |
| Mental Health Services: Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatied der; Outpatient Therapy - Co-occurring; Assessment: Psychological | | |
| Other Services: | | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Norservices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Adult Norservices - Individual; Adult | | |
| | Non-Treatment: Family Support Worker | (olo-psychosocial) | | |
| Other Services: | Non Treatment. Family Support Worker | | | |
| Frank, Abigail | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | (402)336-2849 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | Adult Non-Residential rvices Intervention/Ed | Services Outpatient - lucation; Juvenile |

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

| Name | Agency | Add | ress | Phone | Fax |
|---------------------------|--|--|--|---|--|
| | Sessions-Mental Health; Outpatient Therapy - Co | -occurring; Assessment: Co-Occur | ring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbu | us NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - Fi Co-Occurring Treatment; Juvenile Non-Residential | it - Individual; Adult Non-Residentia esidential Services Dual Residentia amily; Juvenile Non-Residential Se | al Services Outpatient - Co-Occurri al (MH/SA); Juvenile Assessment S rvices Outpatient - Individual; Juve | ng Treatment; Adult I Services Substance A | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family | Sessions-Mental Health; Outpatien | t Therapy - Co-occui | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | | |
| Gregory, Nichole | | 2170 North Platte Ave Fremo | ont NB 68025-2630 | (402)720-1621 | (402)753-6445 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp | nt - Family; Adult Non-Residential ices Substance Abuse Evaluations e Non-Residential Services Outpat | Services Outpatient - Individual; Ad ; Juvenile Non-Residential Service | lult Non-Residential S s Intervention/Educa | Services Intensive tion; Juvenile Non- |
| Mental Health Services: | | | | | |
| | Non-Treatment: General Education Class | | | | |
| 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 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 | nt - Family; Adult Non-Residential Services Intensive Outpatient Treatr Juvenile Non-Residential Services | Services Outpatient - Individual; Ad ment; Juvenile Assessment Service Outpatient - Groups; Juvenile Nor | lult Non-Residential Ses Substance Abusen-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occuri | ring Evaluation (C/O); Pre-Treatme | nt Assessment (bio-p | osychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | | | t Therapy including F | Family Sessions- |
| Other Services: | Sliding Fee Scale; | · | | | |

| Name | Agency | Address | Phone | Fax |
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| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Resider Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In- | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | lult Non-Residential les Partial Care; Adu Substance Abuse E n-Residential Service g Treatment; Juvenil | Services Outpatient - ult Residential Evaluations; Juvenile es Outpatient - Family; le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kennedy, Jenna | 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 Intensive Outpatie | sessment Services Substance Abuse Evaluations; Adult Non-Reside ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re ent Treatment; Adult Residential Services Short Term Residential; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outpati | esidential Services C venile Assessment S | Outpatient - Individual; Services Substance |
| Mental Health Services: | · | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| | | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| Koch, Lori Substance Abuse Services: | dult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpa | 5217 S 28th St Omaha NB 68107 aluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Adult Residential Services Penile Assessment Services Substance Abuse Evaluations; Juvenile Notient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential | dult Non-Residential lult Non-Residential ual Residential (MH on-Residential Serv ; Juvenile Non-Resi | Services Outpatient - Services Outpatient - /SA); Adult rices Care Monitoring dential Services |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential Services Outpatien Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Services Outpatie | aluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - Family; Adult Residential Services Denile Assessment Services Substance Abuse Evaluations; Juvenile Notient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residen | dult Non-Residential lult Non-Residential ual Residential (MH on-Residential Serv ; Juvenile Non-Resi | Services Outpatient - Services Outpatient - /SA); Adult rices Care Monitoring dential Services |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential Services Outpatien Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Services Outpatie | aluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Adult Residential Services Denile Assessment Services Substance Abuse Evaluations; Juvenile Notient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential lult Non-Residential ual Residential (MH on-Residential Serv ; Juvenile Non-Resi | Services Outpatient - Services Outpatient - /SA); Adult rices Care Monitoring dential Services |

| 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 | |
| | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Ion-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; uvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: Other Services: | Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatment: Intensive Family Preservation | | | | |
| Laffin, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | | |
| | 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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult 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 - Family; Juvenile Non-Residential Services Outpatient - Treatment; Juvenile Non-Residential Services Interventor Treatment; Juvenile Non-Residential Services Intensive Outpatient - Treatment | | | | |
| | Non-Treatment: Anger Management Class; Non-including Group Sessions-Mental Health; Outpatie | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Oo Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Treatment Day Treatment-Mental Health; Assessment: Pre-Treatmen | Mental Health; Outp | ; Intensive Outpatient: | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Lewis, Jackwlyn | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | | |
| | | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non- ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | | |
| Mental Health Services: | | | | | |
| Juvenile Services: Other Services: | Non-Treatment: Day Reporting; Outpatient Thera Services: Electronic Monitoring; Non-Treatment: F | py - Individual-Mental Health; Outpatient Therapy - Co-occurring; Cor Family Support Worker | ntracted Services: Ti | acker; Contracted | |

| Name | Agency | Address | Phone | Fax |
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| Loberg, Katie | 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 Intensive Outpatie Abuse Evaluations; Juvenile Non-Residential Ser | ssessment Services Substance Abuse Evaluations; Adult Non-Resider ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Resent Treatment; Adult Residential Services Short Term Residential; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpatient - Individual; Juvenile Non-Residential Services | sidential Services C venile Assessment S atient - Groups; Juv | Outpatient - Individual; Services Substance renile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Mackling, Jamie | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3655 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | Common Capanon House | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Int - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatments | ng Treatment; Juver itial Services Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurring | 9 | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ASE); Assessment: Co-Occurring; Non-Treatment: Family Support Wor | ssessment: Pre-Tre | atment Assessment |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Stermensky, Dr. Gage | | 1821 1st Ave 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 Noe Outpatient Treatment; Juvenile Assessment Services Substance Ae Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | n; Psychological Ev | aluation |
| 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-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; | | | |
| 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 Outpatiel 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; Addervices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential s Substance Abuse -Residential Service | Services Outpatient Evaluations; Juveniles Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | |
| Other Services: | Sliding Fee Scale; | | | |
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C | sessment Services Substance Abuse Evaluations; Adult Non-Resider ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re occurring Treatment; Adult Non-Residential Services Intensive Outpati rvices Substance Abuse Evaluations; Juvenile Non-Residential Service | sidential Services O ent Treatment; Adul | utpatient - Individual t Residential Service |

Mental Health Services:

Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health;

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

Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual;

Other Services: Sliding Fee Scale;

Mental Health Services: Juvenile Services: Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---------------------------------------|
| Borges, Davina | | 202 Maple St Chadron NB 69337 | (605)673-7822 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Ont - Individual; Adult Non-Residential Services Outpatier • Non-Residential Services Outpatient - Groups; Juvenile Juvenile Non-Residential Services Outpatient - Co-Occ | nt - Co-Occurring Treatment; Juver e Non-Residential Services Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Header: Outpatient Therapy - Co-occurring: Assessment: C | | Family Sessions- |
| Other Services: | 3 | 3 , | · · · · · · · · · · · · · · · · · · · | |
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Ju | es Outpatient - Groups; Adult Non-Residential Services rvices Outpatient - Co-Occurring Treatment; Adult Non-ducation; Juvenile Non-Residential Services Care Moniervices Outpatient - Family; Juvenile Non-Residential Seuvenile Non-Residential Services Intensive Outpatient T | Residential Services Intensive Out toring SA/MH; Juvenile Non-Resid ervices Outpatient - Individual; Juv | patient Treatment; ential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | , , , | | |
| | Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Heag; Intensive Outpatient: Intensive Outpatient Therapy-Mag | | |
| 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 - Individu Services Outpatient - Family; Juvenile Non-Residential S | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Co-Occurring | utpatient Therapy including Family Sessions-Mental He | alth; Outpatient Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Hajek, Marilyn | Destiny Counseling Services | 1023 10th Ave Sidney NB 69162 | (308)254-0737 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Outpatient - Gent - Individual; Adult Non-Residential Services Intensive Gent - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services | Outpatient Treatment; Juvenile Ass | essment Services |
| Mental Health Services: | • | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Mental Health Services: Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Resid Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Outpatient Treatment | ent - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Adult Non-Resi ential Services Short Term Residential; Juvenile Assessn n; Juvenile Non-Residential Services Outpatient - Groups ndividual; Juvenile Non-Residential Services Outpatient - lle Non-Residential Services Partial Care; Juvenile Residential | idential Services Partial Care; Adult nent Services Substance Abuse Ev ; Juvenile Non-Residential Services · Co-Occurring Treatment; Juvenile | : Residential aluations; Juvenile s Outpatient - Fami Non-Residential |
| Other Services: | Bilingual Services; | | | |
| Long, Theresa | Waves Counseling | 315 Main St Chadron NB 69337 | (308)430-4095 | |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment | | Individual; Adult Non-Residential S sidential Services Intervention/Edu | ervices Outpatient cation; Juvenile |
| | Non-Treatment: General Education Class; Outpo | atient Therapy - Individual-Mental Health; Outpatient The Mental Health; Outpatient Therapy - Co-occurring; Assess | | ntal Health; |
| 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 | valuations; Adult Non-Residential Services Outpatient - Ir Services Substance Abuse Evaluations; Juvenile Non-Re Treatment sessment (PTA); Juvenile Co-Occurring Evaluation (C/O) | sidential Services Outpatient - Indiv | vidual; Juvenile Noi |

Juvenile Services: Non-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Anger

Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Outpatient: Intensive Outpatient Therapy-Mental I Assessment: Co-Occurring; Non-Treatment: Fam | ; Outpatient Therapy including Family Sessions-Mental H Health; Assessment: Pre-Treatment Assessment (Medica ily Support Worker | | |
| Rodriguez, Juanita | ACCS Inc | 1917 Avenue A Scottsbluff NB 69361 | (308)633-1390 | (308)633-1393 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Ed nt - Family; Adult Non-Residential Services Outpatient - In vices Intervention/Education; Juvenile Non-Residential Selential Services Outpatient - Individual | ndividual; Juvenile Assessment | Services Substance |
| | Non-Treatment: General Education Class: Non-T | reatment: Family Partner; Contracted Services: Electronic | : Monitorina | |
| | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Grive Outpatient Treatment; Juvenile Assessment Services le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Ha | Substance Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Healt Sexually Harm; Outpatient Therapy - Co-occurring; Intens t Assessment (Medicaid); Assessment: Mental Status Exa | h; Outpatient Therapy including ive Outpatient: Intensive Outpa | Family Sessions- tient Therapy-Youth |

Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 | valuations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurric Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juve 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; Outpatien | | Disorder; Outpatient |
| Other Services: | Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Bilingual Services; | nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE |) | |
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | | (308)233-5216 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | raluations; Juvenile Assessment Services Substance Abuse Evaluation | ns | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| 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; 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-Occurring | lult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Thereny including | Family Cassians |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (M | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Daily, Sherry | | 2100 4th Ave Kearney NB 68845 | (308)830-3618 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention Inte | ng Treatment; Juve | nile Assessment |

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

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

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

Co-Occurring

Other Services:

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Juvenile Services: Non-Treatment: Anger Management Class

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax | | | |
|---------------------------|---|---|---|----------------------|--|--|--|
| Dillard, Jason | Plum Creek Medical Group PC | 1103 Buffalo Bend Lexington NB 68850 | (308)324-6386 | (308)324-4026 | | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult N tient - Co-Occurring Treatment; Juvenile Assessment Services Substa e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluati | ons; Juvenile Non- | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | patient Therapy; Pre-Treatment Assessment (bio-psychosocial) | | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | 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 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 Services Outpatient - Co-Occurring | ng Treatment; Juver dential Services Out | nile Assessment | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on | | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: | utpatient Therapy including Family Sessions-Mental Health; Outpatier Pre-Treatment Assessment (Medicaid); Assessment: Mental Status E | | | | | |
| Other Services: | Sexually Harm Risk Assessment; Assessment: C | 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 N tient - Co-Occurring Treatment; Juvenile Assessment Services Substa e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluati | ons; Juvenile Non- | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Co-Occurring | nt Therapy - Co-occu | rring; Assessment: | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Hajek, Marilyn | Destiny Counseling Services | 1023 10th Ave Sidney NB 69162 | (308)254-0737 | | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Intensive Outpatient Tre idential Services Outpatient - Groups; Juvenile Non-Residential Servi | eatment; Juvenile As | sessment Services | | | |
| Mental Health Services: | | | | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
|--|--|---|--|--|--|
| Johnson (Aswegan), Betty | | 513 N Grant Suite D Plum Creek Mall Lexington NB 68850 | (308)440-8054 | (308)234-6604 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie | · | venile Assessment S | Services Substance | |
| | ttpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient erapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Ir | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurringe Non-Residential Services Partial Care; Juvenile Residential Services | ult Non-Residential es Partial Care; Adu Substance Abuse E -Residential Service Treatment; Juvenil | Services Outpatient Ilt Residential valuations; Juvenile es Outpatient - Famil e Non-Residential | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Bilingual Services; | | | | |
| Klein, Candance | CK Counseling | 318 Tilden St Holdrege NB 68949 | (308)991-3123 | (308)455-6242 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult Int - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatments | ng Treatment; Juver tial Services Outpat | ile Assessment | |
| 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; Outpatient g; Intensive Outpatient Therapy-Mental Health; Ir | | | |

Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE)

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|--|--|---|---|
| Kloch, Susan | Kloch Counseling, LLC | 101 W 8th St Suite A Lexington NB 68850 | (308)324-7017 | (866)578-3559 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Co-C | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re Occurring Treatment; Juvenile Non-Residential Services Outpatient - Crvices Outpatient - Individual; Juvenile Non-Residential Services Outp | Proups; 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) |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE) | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Lange, Robyn | Two Bridges Counseling | 513 N Grant St Ste 3A Lexington NB 68850 | (308)324-0222 | (308)324-0225 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad rices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Reside patient Treatment | dult Non-Residential s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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; Juvenile Non-Residential Services Outpatient - C | | fult Non-Residential rices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | , | | | |
| Leibbrandt, Vicky | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outplential Services Outpatient - Individual | venile Assessment | Services Substance |

Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Non-Treatment: Family Support Worker

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Lieske, Donald | Alabaster LLC DBA Alabaster Counseling | 1300 E 4th St Ste C North Platte NB 69101 | (402)314-0673 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Resider | ring Treatment; Juver | ile Assessment |
| Mental Health Services: | Outpatient Therapy | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| 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 - Co | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-cocurring Treatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | dult Non-Residential S rices Intervention/Edu esidential Services O | Services Outpatient - ication; Juvenile utpatient - Individual; |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Presement: Psychological Evaluation; Assessment: Juvenile Who Sexually | Treatment Assessme | nt (Medicaid); |
| Other Services: | 3 | | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 2002 Central Ave 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; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educations; Juvenile Non-Residential Services Intervention/Educations Services Outpatient - Groups; Juvenile Non-Residential Services Onile Non-Residential Services Outpatient - Co-Occurring Treatment; Condens Services Outpatient - Co-Occurring Treatment; | amily; Adult Non-Reservices Intensive Outpon; Juvenile Non-Reseutpatient - Family; Ju | idential Services patient Treatment; idential Services venile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including F | amily Sessions- |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|--|--|---|---|
| McPherson, Trina | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Annual - Family; Adult Non-Residential Services Outpatient - Individual; rvices Intervention/Education; Juvenile Non-Residential Services Ordential Service | Juvenile Assessment S | Services Substance |
| Mental Health Services: | 7 | · | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | |
| Mitchell, James | Heartland Health Center, Inc | 104 W Seneca St Ravenna NB 68869 | (308)224-5192 | |
| | | | | |
| | 137 | utpatient Therapy including Family Sessions-Mental Health | | |
| | Sliding Fee Scale; | utpatient Therapy including Family Gessions-Mental Health | | |
| Ortiz-Vega, Adalis | Adalis Ortiz-Vega | 1368 E Normandy Blvd Deltona FL 32725 | (956)203-9601 | |
| 0.t.= 10ga, / taa | 3 | • | (/ | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Factor-Occurring Treatment | raluations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient | ult Non-Residential Serurring Treatment; Juveresidential Services Outp | ile Assessment patient - Groups; |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Factor-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (| raluations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Reamily; Juvenile Non-Residential Services Outpatient - Individual; Ju (bio-psychosocial); Co-Occurring | ult Non-Residential Ser urring Treatment; Juver esidential Services Outp evenile Non-Residential | ille Assessment patient - Groups; Services Outpatient |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Facto-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; | raluations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Ju (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatient | ult Non-Residential Ser urring Treatment; Juver esidential Services Outp evenile Non-Residential | ille Assessment patient - Groups; Services Outpatient |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Factor-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (| raluations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Ju (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatient | ult Non-Residential Ser urring Treatment; Juver esidential Services Outp evenile Non-Residential | ille Assessment patient - Groups; 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

Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health;

Outpatient Therapy - Co-occurring

Other Services: Sliding Fee Scale; Bilingual Services;

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|---|
| Spencer, Jennifer | Region II- Human Services | 110 N. Bailey North Platte NB 69103-1208 | (308)534-6029 | (308)534-6961 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; A tient - Co-Occurring Treatment; Juvenile Assessment Services Se Non-Residential Services Outpatient - Individual; Juvenile Non- | ubstance 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 Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Co-Occurring | atient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; A ive Outpatient Treatment; Juvenile Assessment Services Substa le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | nce Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outp Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out t Assessment (Medicaid); Assessment: Mental Status Exam (MS Assessment: Assessment: Co-Occurring | patient: Intensive Outpat | ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | .coooso, / .coooso Go Goodg | | |
| Stoll, Miranda | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)870-2630 | |
| 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 - Individuervices Substance Abuse Evaluations; Juvenile Non-Residential Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | al; Adult Non-Residential Services Intervention/Ed | Services Outpatient lucation; Juvenile |
| Mental Health Services: | • | o occurring mountains | | |
| Juvenile Services: | : Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outp | atient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Stuehm, Nadine | | | , , | |
| Stuehm, Nadine Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MH | aluations; Adult Non-Residential Services Intervention/Educatior nt - Family; Adult Non-Residential Services Outpatient - Individuervices Substance Abuse Evaluations; Juvenile Non-Residential +; Juvenile Non-Residential Services Outpatient - Groups; Juventient - Individual | al; Adult Non-Residential Services Intervention/Ed | Services Outpatient lucation; Juvenile |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MF Family; Juvenile Non-Residential Services Outpar | nt - Family; Adult Non-Residential Services Outpatient - Individu ervices Substance Abuse Evaluations; Juvenile Non-Residential I; Juvenile Non-Residential Services Outpatient - Groups; Juven | al; Adult Non-Residential Services Intervention/Edile Non-Residential Servi | Services Outpatient lucation; Juvenile |

| Name | Agency | Address | Phone | Fax | |
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| 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 Ev | valuations; Juvenile Assessment Services Substance Abuse Evalua | tions | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | ation | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medic Assessment: Co-Occurring | Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk Assessment; | | | |
| Other Services: | | | | | |
| Titus, Brooke | Heartland Counseling | 307 E 5th PO Box 519 Lexington NB 68850 | (308)324-6754 | | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Aduance Abuse Evaluations; Juvenile Non-Residential Services Outpation | | | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Acnt - Family; Adult Non-Residential Services Outpatient - Individual; Services Substance Abuse Evaluations; Juvenile Non-Residential Seuvenile Non-Residential Services Outpatient - Family; Juvenile Non-Co-Occurring Treatment | Adult Non-Residential ervices Intervention/Ed | Services Outpatient lucation; Juvenile | |
| | Outpatient Therapy; Co-Occurring | - | | | |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatig; 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 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Assessment Services Substance Abuse Evaluations; Juvenile No family; Juvenile Non-Residential Services Outpatient - Individual; Ju | ırring Treatment; Adult ın-Residential Services | Non-Residential Outpatient - Group | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| 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; | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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; Juvenile Non-Residential

Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

| Name | Agency | | Address | Phone | Fax |
|---------------------------|--|--|--|---|--|
| Eckland, Julie | | PO Box 1603 | Scottsbluff NB 69363 | (308)225-4780 | (308)217-4277 |
| Substance Abuse Services: | Adult Assessment Services Substance A | buse Evaluations; Juvenil | Assessment Services Substance | Abuse Evaluations | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Hajek, Marilyn | Destiny Counseling Services | 1023 10th Ave | Sidney NB 69162 | (308)254-0737 | |
| Substance Abuse Services: | Adult Assessment Services Substance A Family; Adult Non-Residential Services C Substance Abuse Evaluations; Juvenile Residential Services Outpatient - Individu | Outpatient - Individual; Adu Non-Residential Services (| It Non-Residential Services Intens | ive Outpatient Treatment; Juvenile As | ssessment Services |
| Mental Health Services: | · | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Cla | SS | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Hendon, April | Region II- Human Services | 401 West 1st | Ogallala NB 69153 | (308)534-6029 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Service Residential Services Outpatient - Family Treatment | es Outpatient - Co-Occurrin | g Treatment; Juvenile Assessmer | nt Services Substance Abuse Evaluat | ions; Juvenile Non- |
| | Outpatient Therapy; Co-Occurring | | | | |
| | Outpatient Therapy - Individual-Mental H | lealth; Outpatient Therapy | Co-occurring; Assessment: Co-C | Occurring | |
| Other Services: | Sliding Fee Scale; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. | Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Adult Assessment Services Substance A Groups; Adult Non-Residential Services Co-Occurring Treatment; Adult Non-Res Services Dual Residential (MH/SA); Adu | Outpatient - Family; Adult idential Services Intensive | Non-Residential Services Outpatie Outpatient Treatment; Adult Non-I | ent - Individual; Adult Non-Residential Residential Services Partial Care; Adu | Services Outpatient - ult Residential |

Mental Health Services:

Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| 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; Adu Services Substance Abuse Evaluations; Juvenile Non-Residential Ser Freatment | | |
| Mental Health Services: | , , | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Management Class; Non-Treatment: General Ed Mental Health; Outpatient Therapy including Fan | tment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Eve lucation Class; Outpatient Therapy - Individual-Mental Health; Outpati nily Sessions-Mental Health; Outpatient Therapy - Co-occurring; Inten nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | ent Therapy includir sive Outpatient: Inte | ng Group Sessions- ensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Rodriguez, Juanita | ACCS Inc | 1917 Avenue A Scottsbluff NB 69361 | (308)633-1390 | (308)633-1393 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ju rvices Intervention/Education; Juvenile Non-Residential Services Outp dential Services Outpatient - Individual | venile Assessment | Services Substance |
| Mental Health Services: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Juvenile Services: | Non-Treatment: General Education Class; Non-T | Freatment: Family Partner; Contracted Services: Electronic Monitoring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 Re Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment | sessment Services Substance Abuse Evaluations; Adult Non-Resider SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Dual Residential Services Outpatient - Co-Occurring Suvenile Non-Residential Services Intervention/Education; Juven vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non- | n-Residential Servic ng Treatment; Adult ces Short Term Res ile Non-Residential S ent - Family; Juvenile | es 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 includin ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessr | y - Co-occurring; Int | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Juvenile Assessment Services Substance Abuse Evalua Services Outpatient - Family; Juvenile Non-Residential Services Outp | ations; Juvenile Non | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | 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 at - Individual; Adult Non-Residential Services Outpatient - Co-Occurri e Assessment Services Substance Abuse Evaluations; Juvenile Non-F amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ng 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-Oo | ccurring | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Community Treatment Aide; Intensivent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | e Outpatient: Intens | sive Outpatient |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Services Intensive Outpatient Treatment; Adult Residential Services Dual Residential (MH/SA); Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient -

| Name | Agency | Address | Phone | Fax |
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| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - G | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Short Term Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Family; Juvenile total patient - Co-Occurring Treatment; Juvenile Non-Residential Services | ng Treatment; Adult vices Substance Ab e Non-Residential S | Non-Residential use Evaluations; ervices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorders of the Control of the Cont | utpatient Therapy including Group Sessions-Mental Health; Outpatient der; Outpatient Therapy - Co-occurring | Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | ng Treatment; Juver tial Services Outpat | ile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatient der; Outpatient Therapy - Co-occurring; Assessment: Psychological E | | |
| Other Services: | | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| | Occurring Treatment; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non-Fervices Outpatient - Family; Juvenile Non-Residential Services Outpat | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri | | |

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

Juvenile Services: Non-Treatment: Anger Management Class

Other Services: Sliding Fee Scale; Hearing Impaired; Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | | | | |
| | Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occurr | ing; Assessment: |
| 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 | • | dult Non-Residential S buse Evaluations; Juv | ervices Intensive enile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-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 Fa ssessment: Pre-Treatr | amily Sessions- nent Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | dult Non-Residential S ces Partial Care; Adult s Substance Abuse Ev n-Residential Services g Treatment; Juvenile | ervices Outpatient - Residential aluations; Juvenile Outpatient - Family Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kennedy, Jenna | 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 Intensive Outpati Abuse Evaluations; Juvenile Non-Residential Ser | ssessment Services Substance Abuse Evaluations; Adult Non-Residence; Adult Non-Residence; Adult Non-Residential Services Outpatient - Family; Adult Non-Rent Treatment; Adult Residential Services Short Term Residential; Ju | esidential Services Ou venile Assessment Se | tpatient - Individual rvices Substance |
| | Services Outpatient - Individual | | | |

| 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 Outpatiel Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | lult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - oups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile on-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; venile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: Other Services: | including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessr atment: Intensive Family Preservation | rapy - Co-occurring | ; Intensive Outpatient: | | |
| Laffin, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | | | |
| | 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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | | |
| | Non-Treatment: Anger Management Class; Non-including Group Sessions-Mental Health; Outpatie | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Oo Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Treatment Day Treatment-Mental Health; Assessment: Pre-Treatmen | Mental Health; Outp | ; Intensive Outpatient: | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | | |
| Lewis, Jackwlyn | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | | | |
| | | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non- ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: Other Services: | Non-Treatment: Day Reporting; Outpatient Thera Services: Electronic Monitoring; Non-Treatment: F | py - Individual-Mental Health; Outpatient Therapy - Co-occurring; Cor Family Support Worker | ntracted Services: Ti | acker; Contracted | | |

| Behavioral Health Specialist/Seekers of | | | | |
|---|--|--|--|--|
| Serenity | 900 W Norfolk Ave Ste 200 | Norfolk NB 68701 | (402)370-3140 | |
| Adult Non-Residential Services Outpatient - Group Adult Non-Residential Services Intensive Outpatie Abuse Evaluations; Juvenile Non-Residential Serv | os; Adult Non-Residential Services ant Treatment; Adult Residential S vices Intervention/Education; Juve | s Outpatient - Family; Adult Non-Res ervices Short Term Residential; Juv nile Non-Residential Services Outpa | sidential Services O enile Assessment S atient - Groups; Juve | utpatient - Individual; ervices Substance enile Non-Residential |
| Outpatient Therapy; Co-Occurring | | | | |
| Sliding Fee Scale; | | | | |
| Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3655 |
| Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential So Non-Residential Services Intervention/Education; | nt - Family; Adult Non-Residential ervices Intensive Outpatient Treat Juvenile Non-Residential Services | Services Outpatient - Individual; Adument; Juvenile Assessment Service o Outpatient - Groups; Juvenile Non- | ult Non-Residential s Substance Abuse -Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family; |
| | | | | |
| Sliding Fee Scale; Hearing Impaired; Bilingual Ser | vices; | | | |
| Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk N | B 68701 | (402)370-3140 | (402)370-3373 |
| Non-Residential Services Outpatient - Family; Adu Treatment; Adult Non-Residential Services Intensi Substance Abuse Evaluations; Juvenile Non-Resi Residential Services Outpatient - Individual; Juver Intensive Outpatient Treatment | ult Non-Residential Services Outpoor ve Outpatient Treatment; Adult Ro dential Services Outpatient - Grou nile Non-Residential Services Outp | atient - Individual; Adult Non-Reside esidential Services Short Term Resi ips; Juvenile Non-Residential Servic patient - Co-Occurring Treatment; Ju | ntial Services Outpa dential; Juvenile As es Outpatient - Fan | atient - Co-Occurring sessment Services nily; Juvenile Non- |
| | | | | |
| Mental Health; Outpatient Therapy - Co-occurring; (Medicaid); Assessment: Mental Status Exam (MS | Intensive Outpatient: Intensive O | outpatient Therapy-Co-occurring; Ass | sessment: Pre-Trea | |
| AAAS O S H AGONUS S BSANTSRIOON(N | Adult Non-Residential Services Outpatient - Group Adult Non-Residential Services Intensive Outpatient Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Therapy; Co-Occurring Sliding Fee Scale; Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; uvenile Non-Residential Services Outpatient - Incompanies Intervices Intensive Outpatient Treatment Sciences Intensive Outpatient Treatment Sciences Intensive Services Social Detox; Adult Assential Services Outpatient - Family; Adult Emergency Services Social Detox; Adult Assential Services Outpatient - Family; Adult Emergency Services Outpatient - Family; Adult Emergency Services Outpatient - Individual; Juvernational Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; | Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services (Intensive Outpatient Treatment; Adult Residential Subuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juve Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Therapy; Co-Occurring Siding Fee Scale; Heartland Counseling Services, Inc. 917 W 21st St PO Box 355 Idult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services; Intensive Outpatient Treat Ion-Residential Services Intervention/Education; Juvenile Non-Residential Services uvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intensive Outpatient Treatment Siding Fee Scale; Hearing Impaired; Bilingual Services; Behavioral Health Specialist/Seekers of 923 E Norfolk Ave Norfolk Nor-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient; Adult Non-Residential Services Outpatient Treatment; Adult Non-Residential Services Outpatient Treatment; Adult Services Outpatient Treatment; Adult Non-Residential Services Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy including Group Mental Health; Outp | dult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Short Term Residential; Juv. dult Non-Residential Services Outpatient Port Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Therapy; Co-Occurring Siding Fee Scale; Heartland Counseling Services, Inc. 917 W 21st St PO Box 355 South Sioux City NB 69887 Idult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Port Pesidential Services Outpatient - Family; Adult Non-Residential Services Intervention/Education; Adult Port Pesidential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Adult Port Pesidential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intensive Outpatient Periodential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intensive Outpatient - Family; 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 - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Services Soutpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Poutpatient Poutpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Psychological E | Heartland Counseling Services, Inc. 917 W 21st St PO Box 355 South Sioux City NB 69887 (402)494-3337 Idult 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 Intervention/Education; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Assessment Services Substance Abuse Individual; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Services Intensive Outpatient Treatment Sididing Fee Scale; Hearing Impaired; Bilingual Services; Behavioral Health Specialist/Seekers of 923 E Norfolk Ave Norfolk NB 68701 (402)370-3140 Serenity Serenity Services Outpatient - Family; Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient Family; Adult Non-Residential Services Outpatient Family; Adult Non-Residential Services Outpatient Family; Adult Non-Residential Services Outpatient Family Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient Family Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient Family Family Family S |

| Name | Agency | Address | Phone | Fax | | |
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| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - y; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment ces Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenil Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurring | g | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; A SE); Assessment: Co-Occurring; Non-Treatment: Family Support Wor | ssessment: Pre-Tre | atment Assessment | | |
| Other Services: | | | | | | |
| 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; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outp | venile Assessment S | Services Substance | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | | | |
| Other Services: | | | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; | | |
| | 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; As | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
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| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)370-3140 | | |
| Substance Abuse Services: Adult Emergency Services Social Detox; Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; | | | | | |

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

Mental Health Services:

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 - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

| 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 Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residencering Treatment | ing Treatment; Juve | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring | | | |
| Other Services: | | | | |
| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (402)817-4894 |
| | Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education Il Services Outpatient - Groups; Juvenile Non-Residential Services On Inile Non-Residential Services Outpatient - Co-Occurring Treatment | rvices Intensive Out on; Juvenile Non-Re | 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 (Ms | atient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Eating Disorder; Outpatient Theraph Insive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessi SE); Assessment: Co-Occurring | y - Co-occurring; Int | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; | | | |
| Bentley, Janette | Destination Hope Counseling | 511 N D St Fremont NB 68025 | (402)727-0776 | (402)727-0779 |
| Substance Abuse Services: | Adult Non-Residential Services 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 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; 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 | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | , <i>,</i> | | |

| Name | Agency | Address | Phone | Fax |
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| Beyer, Kara | Beyer Counseling Services LLC | 1406 Veterans Drive Suite 205 Elkhorn NB 68022 | (402)707-4899 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Co-Occurring Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Outpatier ng | nt Therapy - Eating [| Disorder; Outpatient |
| Other Services. | Sliding Fee Scale; | | | |
| Borer, Kersten | Kersten Borer LLC | 7602 Pacific St Ste 304 Omaha NB 68114 | (402)515-5383 | (402)933-6447 |
| 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 - Co Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment of the same of the sa | dult Non-Residential vices Intervention/Ecesidential Services (ent Assessment (bio | Services Outpatient - lucation; Juvenile Outpatient - Individual; -psychosocial); Co- |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi | ration; Adult Non-Residential Services Outpatient - Groups; Adult Noridual; Juvenile Non-Residential Services Intervention/Education; Juvenitent - Family; Juvenile Non-Residential Services Outpatient - Individ | enile Non-Residentia | es Outpatient - Family; al Services Outpatient - |
| | | (bio-psychosocial) Evening Reporting; Outpatient Therapy - Individual-Mental Health; Cc | ommunity Treatment | Aide |
| 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 Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Co | | ing Treatment; Juve | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occi | urring |
| Other Services: | | | | |

Mental Health Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | dult Non-Residential s Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | davernie Non Nesidential Cervices intensive Cat | authorit Frouthorit | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Carlson, Stanley | Carlson Counseling Services LLC | 230 E 22nd St Ste 3 Fremont NB 68025 | (402)721-8805 | (402)727-4839 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | raluations; 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; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Juvenile You psocial); Co-Occurring; Adults who Sexually Harm Evaluation | uth Who Sexually Ha | arm Evaluation |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatier Pre-Treatment Assessment (Medicaid); Assessment: Mental Status E | | Vho Sexually Harm; |
| Other Services: | Calpation Thorapy Co coodining, Accessions | The meaning to be seen that the seed of th | ixam (MOL) | |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult 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; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | Crisis Phone Line; Emergency Medical Health Ev | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psycho | osocial); Co-Occurri | ng |
| Juvenile Services: | , , | , | ,, | ŭ |
| Other Services: | No Voucher Acceptance; | | | |
| Czapenski, John | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (402)651-5404 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Adult Non-Residential Services Partial Care; Juve Intervention/Education; Juvenile Non-Residential | raluations; Adult Non-Residential Services Intervention/Education; Adults Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Services Substance Abuse Evaluations; Juvenile Noservices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Noresidential Services Outpatient - Co-Occurring Treatment - Co-Occurring | amily; Adult Non-Re rvices Intensive Ou on-Residential Serv patient - Family; Ju | esidential Services tpatient Treatment; ices venile Non-Residentia |

Outpatient Treatment; Juvenile Non-Residential Services Partial Care

Juvenile Services: Non-Treatment: Family Support Worker

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | | • | • |
| Other Services: | | | | |
| Dirks, Tamara | Nebraska Urban Indian Health Inc | 2240 Landon Court Omaha NB 68102 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual is Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Intensive Outpatient | ; Adult Non-Residentia e Abuse Evaluations; J Residential Services C | I Services Intensive luvenile Non- outpatient - Family; |
| Mental Health Services: | Onort Term Residential | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dotzler, Jason | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| | Occurring Treatment; Adult Non-Residential Serv | ily; Adult Non-Residential Services Outpatient - Individual; Adult N vices Intensive Outpatient Treatment; Juvenile Non-Residential Se enile Non-Residential Services Outpatient - Co-Occurring Treatmen | rvices Outpatient - Fan | nily; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpathealth; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ | | |
| Other Services: | | | | |
| Fischer, Kathy | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)290-4778 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv | vidual; Juvenile Non-Residential Services Outpatient - Individual | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| | Occurring Treatment; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | ily; Adult Non-Residential Services Outpatient - Individual; Adult N Services Outpatient - Family; Juvenile Non-Residential Services Ou | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| Foxx, Karen | Choices | 1654 Washington Blair NB 68008 | (402)312-1009 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult lat - Individual; Juvenile Assessment Services Substance Abuse Evaluarices Outpatient - Family; Juvenile Non-Residential Services Outpat | ations; Juvenile No | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Goodwin, Lori | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; Adults Outpatient - Groups; Adult Non-Residential Services Outpatient - Fractices Outpatient - Co-Occurring Treatment; Juvenile Assessment Serducation; Juvenile Non-Residential Services Care Monitoring SA/MH; ervices Outpatient - Family; Juvenile Non-Residential Services Outpation-psychosocial): Co-Occurring | amily; Adult Non-Re vices Substance Ab Juvenile Non-Resid | esidential Services ouse Evaluations; dential Services |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | Atpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment A | | |
| Other Services: | | 9 | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Re | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | t Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Gregory, Nichole | | 2170 North Platte Ave Fremont NB 68025-2630 | (402)720-1621 | (402)753-6445 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family: Adult Non-Residential Services Outpatient - Individual: Ac | | |

Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient 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 Intensive Outpatient Treatment

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | | | | |
| Juvenile 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 | |
| | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In- Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrence Outpa | l; Adult Non-Residential S rvices Substance Abuse 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; Outpag; Assessment: Pre-Treatment Assessment (Medicaid); Assessme | | amily 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; nt - Individual; Adult Non-Residential Services Outpatient - Co-Oco Non-Residential Services Intervention/Education; Juvenile Non-Fadividual; Juvenile Non-Residential Services Outpatient - Co-Occu | curring Treatment; Juveni Residential Services Outpa | le Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | atment Assessment (bio-p | sychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpa der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurrin | | amily Sessions- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | 3, | 3 | |
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Substance Abuse Services: | Adult Residential Services Therapeutic Communit Residential | ty; Juvenile Residential Services Halfway-House or SA Group Ho | me; Juvenile Residential | Services Short Term |
| | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | · · · · · · · · · · · · · · · · · · · | :o-Occurring sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-0 | Occurring | |

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Jaksha, James | | 1731 N C St Fremont NB 68025 | (402)721-4180 | (402)721-6246 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - F | dult Non-Residential rices Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | · | C | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| | Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In | Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Services Short Term Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services | Substance Abuse In-Residential Service Treatment; Juveni | Evaluations; Juvenile es Outpatient - Famil le Non-Residential |
| Mental Health Services: | | | | |
| 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: Mental Health Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurrie Assessment Services Substance Abuse Evaluations; Juvenile Non-Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Nor (bio-psychosocial); Co-Occurring | ng Treatment; Adult Residential Services tpatient - Family; Ju | t Non-Residential s venile Non-Residenti |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatieng; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; In | | |

Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient 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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| 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; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; A sunt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Serv; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | 1 27 | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| Mental Health Services | Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpa | ont - 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 Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring - Co-Oc | Dual Residential (MF Non-Residential Servily; Juvenile Non-Res | I/SA); Adult vices Care Monitoring idential Services |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| | Sliding Fee Scale; | patient. Intensive Outpatient Therapy-Co-occurring | | |
| Konen, Michele | Transition Recovery Center Evaluations | 13302 Millard Ave Suite 104 Omaha NB 68137 | (402)813-3605 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Juvenile Assessment Service | raluations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Substance Abuse Evaluations; Juvenile Non-Residential Servi venile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual | Family; Adult Non-Reces Intervention/Educ | esidential Services cation; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kovanda, Willow | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; A ont - Family; Adult Non-Residential Services Outpatient - Individual; A | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-

Mental Health: Outpatient Therapy - Co-occurring: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient

Therapy-Co-occurring; Assessment: Co-Occurring

Other Services: Sliding Fee Scale:

11069 I Street Omaha NB 68137 (402)290-2602 (888)507-5931 Laufenberg, James

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 - Individual: Adult Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment

Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual;

Juvenile 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; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - In

Occurring

Other Services:

2170 N Platte Ave Fremont NB 68025 Lembke, Brenda (402)753-7556

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 - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-

Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intensive Outpatient Treatment

Mental Health Services:

Juvenile Services: Other Services: Sliding Fee Scale:

Good Life Counseling & Support 200 N 34th PO Box 2315 Norfolk NB 68702 (402)371-3044 Lewis, Jackwlyn

Substance Abuse Services: Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential

Services Outpatient - Co-Occurring Treatment

Mental Health Services:

Juvenile Services: Non-Treatment: Day Reporting; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Contracted Services: Tracker; Contracted

Services: Electronic Monitoring; Non-Treatment: Family Support Worker

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ng 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; 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 | t Therapy including Assessment: Menta | Family Sessions- |
| Other Services: | Assessment. I sychological Evaluation, Assessm | ent. Juvenile Wild Jekually Haili Kisk Assessment, Assessment. Co | -Occurring | |
| McGreevy, Hylean | Psychiatric Services of Fremont | 2560 N Healthy Way Fremont NB 68025 | (402)941-7246 | (402)941-7248 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adulervices Substance Abuse Evaluations; Juvenile Non-Residential Serving Treatment | | |
| Mental Health Services: | The state of the s | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; 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-Occurring | dult Non-Residential es Substance Abus n-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; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient | Intensive Outpatient |
| Other Services: | | | | |
| Middagh, Todd | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Mental Health Services: | | Evaluations (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluations | | |

Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm;

Non-Treatment: Intensive Family Preservation

Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk Assessment;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Moreno Izaguirre, Raquel | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)309-9978 | (402)939-0666 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Ou | amily; Adult Non-Residential Services Outpatient - Individual; Ju | venile Non-Residential Serv | ices Outpatient - |
| Mental Health Services: | | tpatierit - individual | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health Treatment: Intensive Family Preservation | Outpatient Therapy including Family Sessions-Mental Health; N | Non-Treatment: Family Supp | ort Worker; Non- |
| Other Services: | Bilingual Services; | | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| | Services Substance Abuse Evaluations; Juver Non-Residential Services Outpatient - Individu Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessme Outpatient Therapy - Individual-Mental Health | tient - Individual; Adult Non-Residential Services Outpatient - Conile Non-Residential Services Outpatient - Groups; Juvenile Nonial; Juvenile Non-Residential Services Outpatient - Co-Occurringent (bio-psychosocial); Co-Occurring; Outpatient Therapy - Eating Disorder; Non-Treatment: Intensiv | n-Residential Services Outpa g Treatment; Juvenile Non-R | tient - Family; Juven |
| Ortiz-Vega, Adalis | Adalis Ortiz-Vega | 1368 E Normandy Blvd Deltona FL 32725 | (956)203-9601 | |
| Mental Health Services: | Family; Adult Non-Residential Services Outpa Services Substance Abuse Evaluations; Juver Juvenile Non-Residential Services Outpatient Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment | ; Outpatient Therapy including Group Sessions-Mental Health; C | o-Occurring Treatment; Juve lon-Residential Services Ou ual; Juvenile Non-Residentia | nile Assessment tpatient - Groups; al Services Outpatien |
| Other Services: | Sliding Fee Scale; Bilingual Services; | inig, Assessment. Oo Occurring | | |
| 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 Outpa Services Substance Abuse Evaluations; Juver | Evaluations; Adult Non-Residential Services Intervention/Educatient - Individual; Adult Non-Residential Services Outpatient - Conile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Conditional; Juvenile Non-Residential Services Outpatient - Conditional Services | o-Occurring Treatment; Juve Ion-Residential Services Out | nile Assessment |

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

Other Services: Sliding Fee Scale;

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|-------------------|
| Osler, Lisa | | 10826 Old Mill Rd Suite 103A Omaha NB 68154 | (402)881-0445 | |
| Substance Abuse Services: | Adult Assessment Services Substance Al | buse Evaluations; Juvenile Assessment Services Substance Abuse | Evaluations | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Pedersen, Brandon | Behavioral Health of Omaha | 7253 Grover st Omaha NB 68124 | (402)490-0442 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services C Services Substance Abuse Evaluations; C | buse Evaluations; Adult Non-Residential Services Outpatient - Grou Outpatient - Individual; Adult Non-Residential Services Outpatient - C Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | Co-Occurring Treatment; Juvenil on-Residential Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental He | ealth | | |
| Other Services: | | | | |
| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NI | B 68111 (402)830-3890 (| (402)212-0282 |
| | Groups; Adult Non-Residential Services C Abuse Evaluations; Juvenile Non-Resider Services Outpatient - Family; Juvenile No | buse Evaluations; Adult Non-Residential Services Intervention/Educ Outpatient - Family; Adult Non-Residential Services Outpatient - Ind ntial Services Intervention/Education; Juvenile Non-Residential Servin-Residential Services Outpatient - Individual | ividual; Juvenile Assessment Se | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Non-Treatment: Anger Management Clas | es es | | |
| Other Services: | Sliding Fee Scale; | | | |
| Radtke, Paul | | 2170 N Platte Ave Fremont NB 68025 | (402)720-7026 | |
| Substance Abuse Services: | | buse Evaluations; Adult Non-Residential Services Outpatient - Grou Substance Abuse Evaluations; Juvenile Non-Residential Services | | |

Services Outpatient - Individual Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial)

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

Other Services:

Other Services:

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|---------------------------|--|--|--|---|--|
| Name | Agency | Address | Phone | Fax | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educated Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Res Services Intensive Outp ion; Juvenile Non-Res Outpatient - Family; Ju | sidential Services patient Treatment idential Services venile Non- | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid) | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Pre-Treatment Assessment | | | |
| 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-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educat al Services Outpatient - Groups; Juvenile Non-Residential Services Cenile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Res Services Intensive Outp ion; Juvenile Non-Res Outpatient - Family; Ju | sidential Services patient Treatmen idential Services venile Non- | |
| | Pre-Treatment Assessment (bio-psychosocial); C | - | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Out | tpatient Therapy-Co-od | curring | |
| Other Services: | | | | | |
| Schnieder, Brian | | 8998 L Street, Suite 110 Omaha NB 68127 | (402)850-0054 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Services Outpatie | Adult Non-Residential Strvices Intervention/Edu | Services Outpati cation; Juvenile | |
| 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-occur | ring | |
| 0.11 | • | | | | |

| Name | Agency | Address | Phone | Fax |
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| Schrum, Amanda | Schrum Associates | PO Box 588 Blair NB 68008 | (402)619-9686 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res | aluations; Adult Non-Residential Services Intervention/Educationt - Individual; Adult Non-Residential Services Intensive Outpat idential Services Intervention/Education; Juvenile Non-Residen nile Non-Residential Services Intensive Outpatient Treatment | ient Treatment; Juvenile As | ssessment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Eva | 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: | | | | |
| Smith, Kaitlyn | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)677-7442 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | ual; Adult Non-Residential al Services Intervention/Edu | Services Outpatient - ucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | and the Control of th | ' |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Out or Assessment: Co-Occurring | patient Therapy including F | -amily Sessions- |
| Other Services: | monar roam, capaton morapy co cocaming | , recoonding | | |
| 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 | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individuervices Substance Abuse Evaluations; Juvenile Non-Residential Venile Non-Residential Services Outpatient - Family; Juvenile Non-Cocurring Treatment | ual; Adult Non-Residential al Services Intervention/Edu | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tr | reatment Assessment (bio- | psychosocial); Co- |
| | Occurring | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy in ental Health; Outpatient Therapy - Eating Disorder; Outpatient T nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | Therapy - Co-occurring; Inte | ensive Outpatient: |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/Ed- - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad services Intensive Outpatient Treatment; Adult Residential Services Desidential Services Control Residential Services Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Control Residential; Juvenile Non-Residential Services Outpatient - Control Residential Services Outpatient - Co | dult Non-Residential Dual Residential (MH Services Substance / venile Non-Residenti | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatient |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services. | Sliding Fee Scale; | | | |
| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient: Intensive Outpatient Therapy-Mental I Assessment (Medicaid); Assessment: Mental Sta | utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr tus Exam (MSE); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Vitera, Brianna | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (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 It - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residividual; 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; Ou Co-Occurring; Non-Treatment: Intensive Family F | utpatient Therapy including Family Sessions-Mental Health; Outpatien Preservation | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | | | | |

Treatment

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

| 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 | valuations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re ervices Substance Ab venile Non-Resident | esidential Services buse Evaluations; ial Services Outpatie |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asso | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient Therapy - Individual ient Therapy including Family Sessions-Mental Health; Outpatient Th Co-Occurring | | |
| 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 | | dult Non-Residential vices Intervention/Ed | Services Outpatient lucation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatieng; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| Williams, Ann | Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Substee 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); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Zueter, Kimberly | | 5087 S 106th St Omaha NB 68127 | (402)630-7560 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Substee Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name Agency | Address | Phone | Fax |
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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: Co-Occurring

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| 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-Residential Residential Services Outpatient - Groups; Juvenile Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential Se s Care Monitoring SA/N | ervices Outpatient MH; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The 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 | |
| | Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | ential Services Outpation | ent - Individual; |
| | Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | o-Occurring Treatment (bio-psychosocial) | · | |
| Juvernie Services. | including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The Mental Status Exam (MSE); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | · · · | | |
| Akers, Anita | Anita Akers PC | 11069 I St Omaha NB 68137 | (402)933-4411 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | raluations; 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 Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Int (Medicaid) | tensive Outpatient: Intensive Outpatient Therapy-Mental Health; Asset | essment: Pre-Treatmer | nt Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Akers, Anita | Anita Akers PC | 11069 I St Omaha NB 68137 | (402)933-4411 | |
| 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 Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| lunuanila Camilana | Outs of and Theorem Levil School Mandal Health Levil | to a situa Ocata a Carata Internativa Ocata a Carat Theorems Manatal Health Assa | | |

Juvenile Services: Outpatient Therapy - Individual-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment

Other Services:

| Name | Agency | Address | Phone | Fax |
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| | Assessment (Medicaid) | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Alexis, Geraldine | Counseling Connections & Associates, LLC | 444 Regency Parkway Dr Suite 104 Omaha NB 68114 | (402)932-2296 | |
| | Monitoring SA/MH; Adult Non-Residential Service: Outpatient - Individual; Adult Non-Residential Serv Juvenile Non-Residential Services Intervention/Ed Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Forces Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Care Monitoring SA/MH; rvices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fa | amily; Adult Non-Res rvices Substance Ab Juvenile Non-Resid | sidential Services use Evaluations; ential Services |
| | Outpatient Therapy; Pre-Treatment Assessment (I | | | |
| Juvenile Services: | | tpatient Therapy including Group Sessions-Mental Health; Outpatier; Community Treatment Aide; Assessment: Pre-Treatment Assessment | | |
| Other Services: | Sliding Fee Scale; | | | |
| Alexis, Geraldine | Counseling Connections & Associates, LLC | 444 Regency Parkway Dr Suite 104 Omaha NB 68114 | (402)932-2296 | |
| | Monitoring SA/MH; Adult Non-Residential Service: Outpatient - Individual; Adult Non-Residential Serv Juvenile Non-Residential Services Intervention/Ed Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Foliations Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Care Monitoring SA/MH; rvices Outpatient - Family; Juvenile Non-Residential Services Outpaties outpaties outpaties of the Residential Services Outpaties Outpa | amily; Adult Non-Res rvices Substance Ab Juvenile Non-Resid | sidential Services use Evaluations; ential Services |
| | Outpatient Therapy; Pre-Treatment Assessment (I | | t Theorems in alreading of | ili. Casaisas |
| Juverille Services. | | tpatient Therapy including Group Sessions-Mental Health; Outpatier; Community Treatment Aide; Assessment: Pre-Treatment Assessme | | |
| | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Other Services: Almquist, Keith | Sliding Fee Scale; Achievement Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)669-3665 | (402)502-5102 |
| Almquist, Keith Substance Abuse Services: | Achievement Counseling Services Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential Treatment | ult Non-Residential S ring Treatment; Juve | ervices Outpatient - |

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|---|---------------------|--------------------|--|
| 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; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential 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; Ou Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental atus Exam (MSE); Assessment: Co-Occurring | | | |
| Other Services: | | | | | |
| Baccari, Christine | | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)496-3230 | (402)537-1051 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Intervention/Education; Juv | enile Assessment S | ervices Substance | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; No Vouche | r Acceptance; | | | |
| Baccari, Christine | | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)496-3230 | (402)537-1051 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Intervention/Education; Juv vices Intervention/Education | enile Assessment S | ervices Substance | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; No Vouche | r Acceptance; | | | |
| 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; Adunt - Individual; Adult Non-Residential Services Intensive Outpatient Tridential Services Outpatient - Groups; Juvenile Non-Residential Servient | eatment; Juvenile A | ssessment Services | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring; Adults who Se | exually Harm Evaluation | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; In ent Assessment (Medicaid); Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | | |

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; Ant - Individual; Adult Non-Residential Services Intensive Outpatient idential Services Outpatient - Groups; Juvenile Non-Residential Serent | Treatment; Juvenile A | ssessment Services |
| Mental Health Services: | Outpatient Therapy; Co-Occurring; Adults who Se | exually Harm Evaluation | | |
| 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: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | 3 | | |
| 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; Ares Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educat al Services Outpatient - Groups; Juvenile Non-Residential Services onlie Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Re Services Intensive Out 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 includ ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asses 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; Acts Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educatal Services Outpatient - Groups; Juvenile Non-Residential Services onle Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Re Services Intensive Oution; 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 includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asses SE); Assessment: Co-Occurring | py - Co-occurring; In | tensive Outpatient: |

| 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; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpati | ent 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; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpati | ent Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Baul-Pinson, Doraine | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Abervices Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile 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; |
| | | Treatment: General Education Class; Non-Treatment: Employment | Placement Program: I | Non-Treatment: |
| 33.3 | Family Partner; Non-Treatment: Professional Part Health; Outpatient Therapy including Family Sess | ther; Outpatient Therapy - Individual-Mental Health; Outpatient The sions-Mental Health; Outpatient Therapy - Co-occurring; Intensive C tpatient Therapy-Co-occurring; Assessment: Co-Occurring; Non-Tr | rapy including Group (outpatient: Intensive C | Sessions-Mental Outpatient Therapy- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| 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; Adutient - Co-Occurring Treatment; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | utpatient 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 I | Family Sessions- |
| Other Services: | | | | |
| Baul-Pinson, Doraine | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| 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 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 Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| Juvenile Services: | Family Partner; Non-Treatment: Professional Par Health; Outpatient Therapy including Family Sess | Treatment: General Education Class; Non-Treatment: Employment Pl tner; Outpatient Therapy - Individual-Mental Health; Outpatient Therap sions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy-Co-occurring; Assessment: Co-Occurring; Non-Treatient Therapy-Co-occurring; Assessment: Co-Occurring; Non-Treatient Therapy-Co-occurring; Non-Treatient Therapy-Co-occurring Th | py including Group S tpatient: Intensive O | Sessions-Mental utpatient Therapy- |
| 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; Adutient - Co-Occurring Treatment; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Indiv | ance Abuse Evaluati | ons; Juvenile Non- |
| 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; Outpatien | t Therapy including I | Family Sessions- |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential Ses Substance Abuse En- Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family; |
| Mental Health Services: | tpatient Therapy; Mental Health Intensive Management; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment sessment (bio-psychosocial); Co-Occurring | | | |
| | ntensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatme ssessment (Medicaid); Assessment: Mental Status Exam (MSE) | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | |
| Juvenile 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 Intensive Outpatient 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 - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment Outpatient Therapy; Mental Health Intensive Management; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE) 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 | |
| | Outpatient Therapy; Pre-Treatment Assessment (| • | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring | t Therapy - Co-occurr | ing; 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 Evaluation | ns | |
| 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 | t Therapy - Co-occurr | ing; Assessment: |

| Name | Agency | Address | Phone | Fax | |
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| 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 Outpatier Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In- Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Aditervices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential es Substance Abuse -Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family; | |
| | Outpatient Therapy; Pre-Treatment Assessment (| - | Thereny including [| Tamily Cassians | |
| Juverille Services. | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatient ; Assessment: Co-Occurring | Therapy including r | -amily Sessions- | |
| 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 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatiel 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; Addervices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | ult Non-Residential es Substance Abuse -Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family; | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatient ; Assessment: Co-Occurring | Therapy including F | amily 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: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Therapeutic Community; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential | | | | |
| 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; | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 Outpatier Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - G Individual; Juvenile Non-Residential Services Outpatient | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Int - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Therapeutic Community; Juvenile Assessment Serroups; Juvenile Non-Residential Services Outpatient - Family; Juvenile tpatient - Co-Occurring Treatment; Juvenile Non-Residential Services of Home; Juvenile Residential Services Short Term Residential | ng Treatment; Adult rvices Substance Ab e Non-Residential So | Non-Residential use Evaluations; ervices 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; | | | |
| Berryman, Kevin | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non-Fervices Outpatient - Family; Juvenile Non-Residential Services Outpa (bio-psychosocial); Psychological Evaluation | | |
| | Outpatient Therapy - Individual-Mental Health; Or Psychological Evaluation Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring; Assessment: |
| Berryman, Kevin | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non-Fervices Outpatient - Family; Juvenile Non-Residential Services Outpation-psychosocial); Psychological Evaluation | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Beyer, Kara | Beyer Counseling Services LLC | 1406 Veterans Drive Suite 205 Elkhorn NB 68022 | (402)707-4899 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family - Famil | lult Non-Residential Sices Intervention/Edu | Services Outpatient - ucation; Juvenile |

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

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

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

Therapy - Co-occurring; Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

Juvenile Services: Non-Treatment: Family Support Worker

| Name | Agency | Address | Phone | Fax |
|--|---|--|---|--|
| Beyer, Kara | Beyer Counseling Services LLC | 1406 Veterans Drive Suite 205 Elkhorn NB 68022 | (402)707-4899 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | Adult Non-Residential S rvices Intervention/Educ | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Therapy - Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpationg | ent Therapy - Eating Dis | sorder; Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Bodlak, Tara | Heartland Family Service | 1301 S 41st St Omaha NB 68105 | (402)444-3787 | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Services Outpatient - Co-Occurring Treatment | Juvenile Non-Residen | tial Services |
| Mental Health Services: | | | | |
| Juvenile Services: | Assessment: Co-Occurring | | | |
| Other Services: | | | | |
| Bodlak, Tara | Heartland Family Service | 1301 S 41st St Omaha NB 68105 | (402)444-3787 | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Services Outpatient - Co-Occurring Treatment | Juvenile Non-Residen | tial Services |
| Mental Health Services: | outpation manual, out of the troop and the | Johnson Garpanom Go Goodhing Froduition | | |
| Juvenile Services: | Assessment: Co-Occurring | | | |
| Other Services: | | | | |
| Bolter, Shannon | KVC Behavioral HealthCare | 11550 I Street, Suite 100 Omaha NB 68137 | (402)201-4288 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Aduce Abuse Evaluations; Juvenile Non-Residential Services Intervent | | |
| Mental Health Services: | Scribes Supation mainada | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | |
| Bolter, Shannon | KVC Behavioral HealthCare | 11550 I Street, Suite 100 Omaha NB 68137 | (402)201-4288 | |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Evol Individual; Juvenile Assessment Services Substan Services Outpatient - Individual | aluations; Adult Non-Residential Services Intervention/Education; Aduce Abuse Evaluations; Juvenile Non-Residential Services Intervent | dult Non-Residential Se ion/Education; Juvenile | rvices Outpatient - Non-Residential |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Bonebright, Lori | Recovery Center | 3200 O St Ste 5 Lincoln NB 68510 | (402)742-9616 | (402)742-9116 |
| 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 Intensive | | | | |

Mental Health Services:

Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting

Other Services: Sliding Fee Scale:

Bonebright, Lori Recovery Center 3200 O St Ste 5 Lincoln NB 68510 (402)742-9616 (402)742-9116

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 Intensive Outpatient 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;

Outpatient 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 Intensive Outpatient Treatment

Juvenile Non-Residential Services Intensive Outpatient Treatment

Mental Health Services:

Juvenile Services: Non-Treatment: Day Reporting: Non-Treatment: Evening Reporting

Other Services: Sliding Fee Scale;

Kersten Borer LLC 7602 Pacific St Ste 304 Omaha NB 68114 (402)515-5383 (402)933-6447 Borer, Kersten

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; 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 Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Evaluation (C/O); Pre-Treatment (bio-psychosocial); Co-Occurring (C/O); Pre-Treatment (bio-psychosocial); Co-Occurring

Juvenile Services: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy - Eating Disorder: Outpatient Therapy - Co-occurring: Assessment: Pre-Treatment

Assessment (Medicaid); Assessment: Mental Status Exam (MSE)

Other Services: Sliding Fee Scale;

Kersten Borer LLC 7602 Pacific St Ste 304 Omaha NB 68114 Borer, Kersten (402)515-5383 (402)933-6447

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; 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 Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-

| Name | Agency | Address | Phone | Fax |
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| | psychosocial); Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Assessment (Medicaid); Assessment: Mental Sta | utpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurrii tus Exam (MSE) | ng; Assessment: Pre | -Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi | eation; Adult Non-Residential Services Outpatient - Groups; Adult No idual; Juvenile Non-Residential Services Intervention/Education; Juv atient - Family; Juvenile Non-Residential Services Outpatient - Individ | enile Non-Residentia | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | Non-Treatment: Day Reporting; Non-Treatment: B | Evening Reporting; Outpatient Therapy - Individual-Mental Health; Co | ommunity Treatment | Aide |
| Other Services: | | | | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi | ation; Adult Non-Residential Services Outpatient - Groups; Adult No idual; Juvenile Non-Residential Services Intervention/Education; Juv atient - Family; Juvenile Non-Residential Services Outpatient - Individ | enile Non-Residentia | es Outpatient - Family; al Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: E | Evening Reporting; Outpatient Therapy - Individual-Mental Health; Co | ommunity Treatment | Aide |
| 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: Mental Health Services: | Family; Adult Non-Residential Services Outpatien | | ring Treatment; Juve | nile Assessment |
| | | utpatient Therapy including Family Sessions-Mental Health: Outpatie | nt Therapy - Co-occ | urring |
| Other Services: | | | , , | J |
| 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 it - Individual; Adult Non-Residential Services Outpatient - Co-Occuri Non-Residential Services Outpatient - Family; Juvenile Non-Resider o-Occurring Treatment | ring Treatment; Juve | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occ | urring |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Brotherton, Grace Lyne | A Place For Grace LLC | 8790 F Street Omaha NB 68127-1524 | (402)235-8645 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services C Co-Occurring Treatment; Juvenile Assess | ouse Evaluations; Adult Non-Residential Services Intervention/Edutpatient - Family; Adult Non-Residential Services Outpatient - Isment Services Substance Abuse Evaluations; Juvenile Non-Resoups; Juvenile Non-Residential Services Outpatient - Family; Juvenile - Family; Juvenile - Co-Occurring Treatment | ndividual; Adult Non-Residential Sidential Services Intervention/Edu | ervices Outpatient cation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Asses | ssment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental He Mental Health: Outpatient Therapy - Co-or | ealth; Outpatient Therapy including Group Sessions-Mental Heal ccurring; Assessment: Co-Occurring | th; Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | S. G. | | |
| Brotherton, Grace Lyne | A Place For Grace LLC | 8790 F Street Omaha NB 68127-1524 | (402)235-8645 | |
| | Groups; Adult Non-Residential Services C Co-Occurring Treatment; Juvenile Assess | S . | ndividual; Adult Non-Residential S sidential Services Intervention/Edu | ervices Outpatient cation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental He Mental Health; Outpatient Therapy - Co-or | ealth; Outpatient Therapy including Group Sessions-Mental Heal | th; Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha | | |

Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient 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 Intensive Outpatient Treatment

Mental Health Services:

Juvenile Services: Non-Treatment: Anger Management Class

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Services le Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fami | ult Non-Residential s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Bunjer, Teresa | Douglas County Drug Court | 1709 Jackson St 4th Fir Omaha NB 68102 | (402)599-2665 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Juv | enile Assessment S | ervices Substance |
| Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Ser | vices intervention/Education | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Bunjer, Teresa | Douglas County Drug Court | 1709 Jackson St 4th Flr Omaha NB 68102 | (402)599-2665 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Juv | enile Assessment S | ervices Substance |
| Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Ser | vices Intervention/Education | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Calabrese, Shannon | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)515-2546 | (402)444-1703 |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Groups; rvices Outpatient - Individual; Juvenile Non-Residential Services Outp | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatient der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Acturing | | |
| Other Services: | Sliding Fee Scale; | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Calabrese, Shannon | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)515-2546 | (402)444-1703 |
| | | e Evaluations; Juvenile Non-Residential Services Outpation ervices Outpatient - Individual; Juvenile Non-Residential S | | |
| Mental Health Services: | | | | |
| | Mental Health; Outpatient Therapy - Eating Diso Mental Status Exam (MSE); Assessment: Co-Oo | Outpatient Therapy including Group Sessions-Mental Hearder; Outpatient Therapy - Co-occurring; Assessment: Proccurring | Ith; Outpatient Therapy including I e-Treatment Assessment (Medica | Family Sessions- aid); Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Campbell, Reed | | 11069 I St Omaha NB 68137 | (402)915-2251 | |
| | Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | ent - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Juvenile Asses n; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - (bio-psychosocial); Co-Occurring | sment Services Substance Abuse Juvenile Non-Residential Service | Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-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 | | | |
| | Sliding Fee Scale; | | | |
| Campbell, Reed | | 11069 I St Omaha NB 68137 | (402)915-2251 | |
| | Groups; Adult Non-Residential Services Outpatic Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/E ent - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Juvenile Asses n; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - | Individual; Adult Non-Residential sment Services Substance Abuse Juvenile Non-Residential Service | Services Outpatient Evaluations; Juven es Outpatient - Fami |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | Outpatient Therapy including Group Sessions-Mental Hea g; Assessment: Pre-Treatment Assessment (Medicaid); A | | |

| Name | Agency | Address | Phone | Fax |
|--|--|--|---|--|
| Carter, Alyson | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | (402)292-0342 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment S g Juvenile Non-Residential Services Outpatient - Groups; Juvenila adividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Service | 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-Co-occurring | | |
| 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 |
| | 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 on Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Struces Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurrin | atient Therapy including | Family Sessions- urring |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Cassidy, Victoria | Heartland Family Service | 4318 Fort St Omaha NB 68111 | (402)552-7027 | |
| Substance Abuse Services: Mental Health Services: | Juvenile Assessment Services Substance Abuse Intensive Outpatient Treatment | Evaluations; Juvenile Non-Residential Services Intervention/Edu | ucation; Juvenile Non-Re | sidential Services |
| | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Ma | atient Therapy - Individual-Mental Health; Outpatient Therapy inc ental Health; Outpatient Therapy - Co-occurring; Assessment: Pr | cluding Group Sessions-Ne-Treatment Assessmen | Mental Health; t (Medicaid) |
| Other Services: | | | | |
| Cassidy, Victoria | Heartland Family Service | 4318 Fort St Omaha NB 68111 | (402)552-7027 | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Intensive Outpatient Treatment | Evaluations; Juvenile Non-Residential Services Intervention/Edu | ucation; Juvenile Non-Re | sidential Services |
| Mental Health Services: | ппензіче Опрацент пеаннент | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy inc ental Health; Outpatient Therapy - Co-occurring; Assessment: Pr | cluding Group Sessions-Ne-Treatment | Mental Health; |

Other Services: No Voucher Acceptance;

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Assessment (Medicaid) | | | |
| Other Services. | | | | |
| Chavis, Joe | National Safety Council, Nebraska | 11620 M Circle Omaha NB 68137 | (402)898-7340 | (402)896-6331 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Individual: Juvenile Non-Residential Services Inte | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | individual; Juvenile Non-Residential Services Inte | ervention/Education | | |
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | | | | |
| Chavis, Joe | National Safety Council, Nebraska | 11620 M Circle Omaha NB 68137 | (402)898-7340 | (402)896-6331 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Individual; Juvenile Non-Residential Services Inte | ervention/Education | | |
| | Non-Treatment: General Education Class | | | |
| 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 nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr 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: | Crisis Phone Line; Emergency Medical Health Ev | raluation; Outpatient Therapy; Pre-Treatment Assessment (bio-psych- | osocial); Co-Occurri | ng |
| Juvenile Services: | | | | |
| 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 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-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: Juvenile Services: | Crisis Phone Line; Emergency Medical Health Ev | raluation; Outpatient Therapy; Pre-Treatment Assessment (bio-psych | osocial); Co-Occurri | ng |

| Name | Agency | Address | Phone | Fax |
|---|---|--|--|---|
| Clover-Allen, Heather | Clover Counseling LLC | 3677 N 129th St Omaha NB 68164 | (402)253-5765 | |
| Mental Health Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential Assessment: Pre-Treatment Assessment (Medica | • | Juvenile Non-Reside | ential Services |
| Clover-Allen, Heather | Clover Counseling LLC | 3677 N 129th St Omaha NB 68164 | (402)253-5765 | |
| Mental Health Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential Assessment: Pre-Treatment Assessment (Medica | • | Juvenile Non-Reside | ential Services |
| Cloyd, Christi | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-2932 | (402)572-3467 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fam | dult Non-Residential rices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: Juvenile Services: | | | | |
| | No Voucher Acceptance; | | | |
| Cloyd, Christi | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-2932 | (402)572-3467 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fa | dult Non-Residential rices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | No Voucher Acceptance; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Connelly, Carolyn | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-3329 | (402)498-3375 |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Intervention/Education of the Companies of t | | |
| Mental Health Services: | | | | |
| 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) | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Connelly, Carolyn | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-3329 | (402)498-3375 |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Intervention/Education rvices Outpatient - Individual; Juvenile Non-Residential Services Intervention/Education - Individual; Juvenile Non-Residential Services Intervention - Individual; Juvenile Non-Residential Services Intervention - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services - Individual - Indiv | | |
| Mental Health Services: | | | | |
| 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) | | |
| Other Services: | Hearing Impaired; 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 Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Non-Residential Services Intervendential Services Outpatient - Individual; Juvenile Non-Residential Ser | tion/Education; Juve | nile Non-Residentia |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient 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, | , | | |
| Cook, Count | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No | dult Non-Residential es Substance Abuse | Services Outpatient Evaluations; Juveni |

Services Intensive Outpatient Treatment

Mental Health Services: Outpatient Therapy

| Name | Agency | Address | Phone | Fax |
|--|--|---|---|---|
| Juvenile Services: | Family Partner, Outpatient Therapy - Individual-M | Treatment: General Education Class; Non-Treatment: Employmer Mental Health; Outpatient Therapy including Group Sessions-Mentapy - Co-occurring; Intensive Outpatient: Intensive Outpatient The | al Health; Outpatient The | rapy including |
| Other Services: | , ,, | | | |
| Cook, Count | Confidential Counseling & Consulting C/O Count Cook | 1941 S 42nd St Suite 110 Omaha NB 68105 | (402)457-5761 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | raluations; Adult Non-Residential Services Outpatient - Groups; Adive Outpatient Treatment; Juvenile Non-Residential Services Interdential Services Outpatient - Individual; Juvenile Non-Residential | vention/Education; Juven | ile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outpa ssment (Medicaid) | tient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | ` , | | |
| Cook, Count | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| 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 | raluations; 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 Individual; Juvenile Non-Residential Services Outpatient - Co-Occu | ; Adult Non-Residential S rvices Substance Abuse Non-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family; |
| Juvenile Services: | Family Partner; Outpatient Therapy - Individual-M | Treatment: General Education Class; Non-Treatment: Employmer Mental Health; Outpatient Therapy including Group Sessions-Ment apy - Co-occurring; Intensive Outpatient: Intensive Outpatient The | al Health; Outpatient The | rapy including |
| Other Services: | | | | |
| Cornelius, Dawn | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp | raluations; Adult Non-Residential Services Intervention/Education; and - Family; Adult Non-Residential Services Outpatient - Individual rices Substance Abuse Evaluations; Juvenile Non-Residential Ser le Non-Residential Services Outpatient - Family; Juvenile Non-Repatient Treatment | ; Adult Non-Residential S vices Intervention/Educat | ervices Intensive ion; Juvenile Non- |
| Mental Health Services: | | Anger Management Class; Non-Treatment: General Education Cla | ass: Non-Treatment: Emn | lovment Placement |
| | Program; Non-Treatment: Family Partner; Non-Treatment: Billingual Services; | | 200, NON-TICAUNCIII. EMP | noyment i lacement |
| Other Services. | Dilligual Services, | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|--|---|---|---|
| Cornelius, Dawn | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment | Adult Non-Residential es Intervention/Educ | Services Intensive ation; Juvenile Non- |
| | | Anger Management Class; Non-Treatment: General Education Class | s; Non-Treatment: En | nployment Placement |
| | Program; Non-Treatment: Family Partner; Non-Tr | | | |
| Other Services. | Bilingual Services; | | | |
| Cusumano, Peter | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5892 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatn | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; No Voucher Acceptance; | | | |
| Cusumano, Peter | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5892 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult t - 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 |
| Mental Health Services: | | | | |
| | | | | |
| Juvenile Services: | | | | |

Halo Counseling Center

Czapenski, John

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

8998 L St Suite 110 Omaha NB 68127

Mental Health Services:

(402)651-5404

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|---|-------------------------|-----------------|
| Juvenile Services: Other Services: | | | | |
| Czapenski, John | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (402)651-5404 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Education; Ar tes Outpatient - Groups; Adult Non-Residential Services Outpatient - ervices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Resid | lential Service |

Adult Non-Residential Services Partial Care; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services

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

Mental Health Services: Juvenile Services:

Other Services:

DeLanoit, Stacev Complete Behavioral Health 4565 S 133rd St. Omaha NB 68137

Outpatient Treatment; Juvenile Non-Residential Services Partial Care

(402)413-1420

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; 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; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Psychological Evaluation

Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: General Education 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; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation;

Assessment: Co-Occurring

Other Services:

DeLanoit, Stacev Complete Behavioral Health 4565 S 133rd St. Omaha NB 68137 (402)413-1420

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; 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; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Psychological Evaluation

Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: General Education 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; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation;

Assessment: Co-Occurring

Other Services:

Co-Occurring

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---------------------|
| Denker, Lindsay | Capstone Behavioral Health | 1941 S. 42nd St. 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; /nt - Individual; Adult Non-Residential Services Outpatient - Co-Oe Non-Residential Services Outpatient - Groups; Juvenile Non-Rejuvenile Non-Residential Services Outpatient - Co-Occurring Tr | ccurring Treatment; Juve esidential Services Outpa | nile Assessment |
| Mental Health Services: | Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Out | patient Therapy - Co-occi | urring; Assessment: |
| 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 | valuations; Adult Non-Residential Services Outpatient - Family; A tient - Co-Occurring Treatment; Juvenile Assessment Services Se Non-Residential Services Outpatient - Individual; Juvenile Non | Substance Abuse Evaluat | ions; 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; Out | patient Therapy - Co-occi | urring; Assessment: |
| Other Services: | • | | | |
| Denker, Lindsay | Capstone Behavioral Health | 1941 S. 42nd St. 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; / nt - Individual; Adult Non-Residential Services Outpatient - Co-O e Non-Residential Services Outpatient - Groups; Juvenile Non-Re Juvenile Non-Residential Services Outpatient - Co-Occurring Tr | ccurring Treatment; Juve esidential Services Outpa | nile Assessment |
| Mental Health Services: | Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Out | patient Therapy - Co-occi | urring; Assessment: |
| Other Services: | G | | | |
| Denker, Lindsay | Lindsay Denker LLC | 9239 W Center Rd Suite 226 Omaha NB 68124 | (402)932-6643 | |
| 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-Occurrin Treatment | | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|------------------------|-------------|
| Denton, Marlee | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (531)355-3221 | |
| Substance Abuse Services: | Outpatient - Groups; Juvenile Non-Residential Se | Evaluations; Juvenile Non-Residential Services Intervention/Educa ervices Outpatient - Family; Juvenile Non-Residential Services Outp uvenile Non-Residential Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Services Surpanonic So Securing Freatment, of | averille Non Residential Services intensive Surpation Produitori | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatieder; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Co-occurring: | | |
| Other Services: | intensive Outpatient. Intensive Outpatient Therap | y-co-occurring, Assessment. Co-occurring | | |
| Denton, Marlee | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (531)355-3221 | |
| Substance Abuse Services: | Outpatient - Groups; Juvenile Non-Residential Se | Evaluations; Juvenile Non-Residential Services Intervention/Educa ervices Outpatient - Family; Juvenile Non-Residential Services Outpuvenile Non-Residential Services Intensive Outpatient Treatment | • | |
| Mental Health Services: | , | · | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatieder; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Co-occurring: Assessment: Co-Occurring | | |
| Other Services: | mensive outpations mensive outpations merap | y do occurring, Assessment. Oo occurring | | |
| Dibert, Brittany | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)455-8303 | |
| Substance Abuse Services: | Adult Residential Services Therapeutic Communi Evaluations | ty; Adult Residential Services Short Term Residential; Juvenile Ass | essment Services Subs | tance Abuse |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Assess | sment: Co-Occurring | | |
| Other Services: | | | | |
| Dibert, Brittany | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)455-8303 | |
| Substance Abuse Services: | Adult Residential Services Therapeutic Communi Evaluations | ty; Adult Residential Services Short Term Residential; Juvenile Ass | sessment Services Subs | tance Abuse |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Assess | sment: Co-Occurring | | |
| Other Services: | | | | |

Short Term Residential

Mental Health Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Substance Abuse Services: A | Dinneen Counseling Services | | <u> </u> | |
|-----------------------------|--|--|--|--|
| | | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)502-5002 | (402)502-5102 |
| C N J | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | al; Adult Non-Residential Services Intervention/Edon-Residential Services | Services Outpatient ducation; Juvenile |
| Mental Health Services: C | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring | |
| | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Out nent: Mental Status Exam (MSE) | patient Therapy - Co-occu | urring; Assessment: |
| | 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 |
| G C N J | 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 ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residentia uvenile Non-Residential Services Outpatient - Family; Juvenile No-Occurring Treatment essment (PTA); Pre-Treatment Assessment (bio-psychosocial); | al; Adult Non-Residential Services Intervention/Edon-Residential Services (| Services Outpatient ducation; Juvenile |
| Juvenile Services: C | | utpatient Therapy including Family Sessions-Mental Health; Out | | urring; Assessment: |
| | Sliding Fee Scale; Bilingual Services; | iona dato Exam (MoE) | | |
| Dirks, Tamara N | Nebraska Urban Indian Health Inc | 2240 Landon Court Omaha NB 68102 | (402)346-0902 | (402)342-5290 |
| G C R J | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individu s Short Term Residential; Juvenile Assessment Services Substar enile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Intensive Outpatien | al; Adult Non-Residential nce Abuse Evaluations; Ju n-Residential Services O | Services Intensive uvenile Non-utpatient - Family; |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: S | Sliding Fee Scale; | | | |
| Dirks, Tamara N | Nebraska Urban Indian Health Inc | 2240 Landon Court Omaha NB 68102 | (402)346-0902 | (402)342-5290 |

Outpatient Treatment; Adult Residential Services Short Term Residential; 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 Intensive Outpatient Treatment; Juvenile Residential Services

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Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|---|---|--|--|
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dotzler, Jason | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| | Occurring Treatment; Adult Non-Residential Servi | ly; Adult Non-Residential Services Outpatient - Individu ices Intensive Outpatient Treatment; Juvenile Non-Res nile Non-Residential Services Outpatient - Co-Occurrin | idential Services Outpatient - Fami | ily; Juvenile Non- |
| Mental Health Services: | monomo Carpanoni moannoni | | | |
| | | tpatient Therapy including Family Sessions-Mental He Health; Intensive Outpatient: Intensive Outpatient Thera | | |
| Other Services: | 11000.144.0.1 | | | |
| Dotzler, Jason | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| | | ly; Adult Non-Residential Services Outpatient - Individu | ıal; Adult Non-Residential Services | Outpatient - Co- |
| | | ces Intensive Outpatient Treatment; Juvenile Non-Res nile Non-Residential Services Outpatient - Co-Occurrin | | |
| | Residential Services Outpatient - Individual; Juve | | | |
| Mental Health Services: Juvenile Services: | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental I | | g Treatment; Juvenile Non-Reside alth; Outpatient Therapy - Co-occu | intial Services |
| Mental Health Services: Juvenile Services: | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; | nile Non-Residential Services Outpatient - Co-Occurrin utpatient Therapy including Family Sessions-Mental He | g Treatment; Juvenile Non-Reside alth; Outpatient Therapy - Co-occu | intial Services |
| Mental Health Services: Juvenile Services: Other Services: | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental I | nile Non-Residential Services Outpatient - Co-Occurrin utpatient Therapy including Family Sessions-Mental He | g Treatment; Juvenile Non-Reside alth; Outpatient Therapy - Co-occu | intial Services |
| Mental Health Services: Juvenile Services: Other Services: Doyle, Beverly | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental I Preservation Team Inc | nile Non-Residential Services Outpatient - Co-Occurrin utpatient Therapy including Family Sessions-Mental He Health; Intensive Outpatient: Intensive Outpatient Thera | g Treatment; Juvenile Non-Reside alth; Outpatient Therapy - Co-occu apy-Co-occurring; Non-Treatment: (402)451-5549 | ntial Services urring; Intensive Intensive Family (402)451-2876 |
| Mental Health Services: Juvenile Services: Other Services: Doyle, Beverly Substance Abuse Services: Mental Health Services: | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Intensive Outpatient Individual | nile Non-Residential Services Outpatient - Co-Occurrin utpatient Therapy including Family Sessions-Mental He Health; Intensive Outpatient: Intensive Outpatient Thera 2505 N 24th St Omaha NB 68110 | g Treatment; Juvenile Non-Reside alth; Outpatient Therapy - Co-occurapy-Co-occurring; Non-Treatment: (402)451-5549 amily; Juvenile Non-Residential Se | urring; Intensive Intensive Family (402)451-2876 ervices Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Doyle, Beverly Substance Abuse Services: Mental Health Services: | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Intensive Outpatient Therapy-Mental Intensive Outpatient Therapy-Mental Intensive Manual Individual Outpatient Therapy; Mental Health Intensive Manual Psychological Evaluation | nile Non-Residential Services Outpatient - Co-Occurrin utpatient Therapy including Family Sessions-Mental He Health; Intensive Outpatient: Intensive Outpatient Thera 2505 N 24th St Omaha NB 68110 dual; Juvenile Non-Residential Services Outpatient - Family | g Treatment; Juvenile Non-Reside alth; Outpatient Therapy - Co-occurapy-Co-occurring; Non-Treatment: (402)451-5549 amily; Juvenile Non-Residential Se | urring; Intensive Intensive Family (402)451-2876 ervices Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Doyle, Beverly Substance Abuse Services: Mental Health Services: Juvenile Services: | Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Intensive Outpatient Therapy-Mental Intensive Outpatient Therapy-Mental Intensive Manual Individual Outpatient Therapy; Mental Health Intensive Manual Psychological Evaluation | nile Non-Residential Services Outpatient - Co-Occurrin utpatient Therapy including Family Sessions-Mental He Health; Intensive Outpatient: Intensive Outpatient Thera 2505 N 24th St Omaha NB 68110 dual; Juvenile Non-Residential Services Outpatient - Fagement; Juvenile Pre-Treatment Assessment (PTA); I | g Treatment; Juvenile Non-Reside alth; Outpatient Therapy - Co-occurapy-Co-occurring; Non-Treatment: (402)451-5549 amily; Juvenile Non-Residential Se | urring; Intensive Intensive Family (402)451-2876 ervices Outpatien |

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

Juvenile Services: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation

Psychological Evaluation

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|------------------------|---------------|
| Duggins, John | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-2469 | (402)572-3467 |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non- ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | |
| Mental Health Services: | | | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırring |
| Other Services: | Bilingual Services; | | | |
| Duggins, John | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-2469 | (402)572-3467 |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non- ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | |
| Mental Health Services: | · | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırring |
| Other Services: | Bilingual Services; | | | |
| Earley, Morgan | Morgan Earley LLC | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128 | (402)302-0353 | |
| | | | | |
| | 1 127 | เตเจ-psychosociar) utpatient Therapy including Family Sessions-Mental Health; Assessm | anti Dra Traatmant | \ aaaaamant |
| Juverille Services. | (Medicaid) | upatient Therapy including Family Sessions-Mental Health, Assessin | enii. Pie-Treaimenii / | 4556551116111 |
| Other Services: | Sliding Fee Scale; | | | |
| 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 (| (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; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Eggert, Krysti | Looking Forward Counseling Services | 268 N. 115th St. #1 Omaha NB 68154 | (402)957-1709 | (402)807-7270 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Status Exam (MSE); Assessment: Co-Occ | utpatient Therapy including Family Sessions-Mental Health; Outpatier curring | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | | • | | |
| Eggert, Krysti | Looking Forward Counseling Services | 268 N. 115th St. #1 Omaha NB 68154 | (402)957-1709 | (402)807-7270 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Status Exam (MSE); Assessment: Co-Occ | utpatient Therapy including Family Sessions-Mental Health; Outpatier curring | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | · | • | | |
| Eirich, Natasha | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)315-3244 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | dult Non-Residential rices Intervention/Ed esidential Services (| Services Outpatient - lucation; Juvenile Outpatient - Individual |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- |
| Other octylees. | Silding Fee Scale, | | | |
| Eirich, Natasha | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)315-3244 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential rices Intervention/Ed | Services Outpatient - lucation; Juvenile |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|----------------|
| | Sessions-Mental Health; Outpatient Therapy - Co | o-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Emery, Kari | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (531)355-3039 | |
| Substance Abuse Services: | Outpatient - Groups; Juvenile Non-Residential Se | Evaluations; Juvenile Non-Residential Services Intervention/Educatervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment Juvenile Non-Residential Services Intensive Outpatient Treatment | | |
| Mental Health Services: | | | | |
| 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: Co-Occurring | | |
| Other Services: | | | | |
| Emery, Kari | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (531)355-3039 | |
| Substance Abuse Services: | Outpatient - Groups; Juvenile Non-Residential Se | Evaluations; Juvenile Non-Residential Services Intervention/Educat ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Juvenile Non-Residential Services Intensive Outpatient Treatment | | |
| Mental Health Services: | | · · | | |
| 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: 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 | 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 Treatn | ring Treatment; Juveni ential Services Outpation | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessn | nent: Pre-Treatment A | ssessment |
| 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-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatn | ring Treatment; Juveni ential Services Outpation | ile Assessment |

Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial)

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|--|
| 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; | | | |
| Fintel, Kimberly | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7062 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | raluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Substile Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | rring |
| Other Services: | Sliding Fee Scale; | | | |
| Fintel, Kimberly | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7062 | |
| | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Groups; Juvenil Occurring Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Substa le Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | 1 137 | | | |
| | • | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | rring |
| 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: 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 | | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | rring; 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 | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Substance Abuse Evaluations; Juvenile Non-Residential Servivenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family - F | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

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

Mental Health Services:

Other Services:

Juvenile Services: Psychiatric Residential Treatment Facility

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|------------------------|-------------------|
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Status Exam (MSE); Assessment: Co-Occ | utpatient Therapy including Family Sessions-Mental Health; Outpatic curring | ent Therapy - Co-occur | ring; Assessment: |
| Other Services: | | | | |
| Flowers, LaRhonda | Restore Rebuild Reconnect Counseling Center LLC | 1941 S.42nd street Suite 523 Omaha NB 68105 | (402)917-1054 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient | | |
| 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 Group Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occur | ring; Assessment: |
| Other Services: | | | | |
| Flowers, LaRhonda | Restore Rebuild Reconnect Counseling Center LLC | 1941 S.42nd street Suite 523 Omaha NB 68105 | (402)917-1054 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient | | |
| 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 Group Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occur | ring; Assessment: |
| Other Services: | | | | |
| Fouts, Amanda | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8548 | |
| Substance Abuse Services: | Juvenile Residential Services Therapeutic Comm | unity or Therapeutic Group Home | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility | | | |
| Other Services: | | | | |
| Fouts, Amanda | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8548 | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--------------|
| Foxx, Karen | Choices | 1654 Washington Blair NB 68008 | (402)312-1009 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Juvenile Assessment Services Substance Abuse Eval ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | uations; Juvenile Non-F | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Foxx, Karen | Next Step Counseling Service | 6001 North 30th Street Omaha NB 68111 | (402)312-1009 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | ring Treatment; Juvenil ential Services Outpatie | e Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Foxx, Karen | Choices | 1654 Washington Blair NB 68008 | (402)312-1009 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Juvenile Assessment Services Substance Abuse Eval ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | uations; Juvenile Non-F | • |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Foxx, Karen | Next Step Counseling Service | 6001 North 30th Street Omaha NB 68111 | (402)312-1009 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | ring Treatment; Juvenil ential Services Outpatie | e Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Outpatient 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;

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| 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; 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 | ng Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| 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 | 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 | ng Treatment; Juver ntial Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | | | | |
| Gilfillan, Dameon | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | dult Non-Residential s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| 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: | | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |

Juvenile Non-Residential Services Intensive Outpatient Treatment

Mental Health Services: Outpatient Therapy

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gonzalez, Beatriz | Buoyant Family Services Counseling and Consulting LLC | The Center-Suite 106 1941 S 42nd St Omaha NB 68105 | (402)933-7577 | (402)933-7786 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Individual; Juvenile Non- | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | tient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occ | | ental Health; |
| Other Services: | Bilingual Services; | | - | |
| Gonzalez, Beatriz | BG Counseling and Consulting | 1941 S 42nd St Suite 107 Omaha NB 68105 | (402)212-0027 | (402)300-1869 |
| | | ration; Adult Non-Residential Services Outpatient - Family; Adult Non- nce Abuse Evaluations; Juvenile Non-Residential Services Interventic ential Services Outpatient - Individual | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | tient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre | | |
| Other Services: | Bilingual Services; | | | |
| Gonzalez, Beatriz | Buoyant Family Services Counseling and Consulting LLC | The Center-Suite 106 1941 S 42nd St Omaha NB 68105 | (402)933-7577 | (402)933-7786 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Individual; Juvenile Non- | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | tient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occ | | ental Health; |
| Other Services: | Bilingual Services; | | - | |

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|--|--|---|--|--|--|
| Gonzalez, Beatriz | BG Counseling and Consulting | 1941 S 42nd St Suite 107 Omaha NB 68105 | (402)212-0027 | (402)300-1869 | | |
| Substance Abuse Services: | Individual; Juvenile Assessment Services Substa | ult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - ividual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential rvices Outpatient - Individual | | | | |
| Mental Health Services: | у, | | | | | |
| Juvenile Services: | | tient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Ti | | | | |
| Other Services: | • | | | | | |
| Goodwin, Lori | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 | | |
| Mental Health Services: | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed | es Outpatient - Groups; Adult Non-Residential Services Outpatient - Invices Outpatient - Co-Occurring Treatment; Juvenile Assessment Set ducation; Juvenile Non-Residential Services Care Monitoring SA/MHervices Outpatient - Family; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring | ervices Substance Ab I; Juvenile Non-Resid | ouse Evaluations; dential Services | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | | | |
| Other Services: | Wental Status Exam (WSE), Assessment. Co-Oct | Suring | | | | |
| Goodwin, Lori | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 | | |
| Substance Abuse Services: | 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; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Care Monitoring SA/M-ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient | Family; Adult Non-Re ervices Substance Ab I; Juvenile Non-Resid | esidential Services buse Evaluations; dential Services | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | | | | |
| | Mental Status Exam (MSE); Assessment: Co-Occ | der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | Assessment (Medica | aiu), Assessment: | | |
| Other Services: | ,,, | | | | | |

Mental Health Services: Juvenile Services: Other Services:

| Name | Agency | Address | Phone | Fax |
|--|---|--|---|-----------------------|
| Goodwin-Daly, Tonya | Capstone Behavioral Health | 1941 South 42nd Street Suite 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 Intervention/Education; At - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | ring Treatment; Juver sidential Services Out | nile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Co-occu | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outurring; Assessment: Co-Occurring | tpatient Therapy-Men | tal Health; Intensive |
| Other Services: | | | | |
| Goodwin-Daly, Tonya | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: Mental Health Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | ring Treatment; Juver sidential Services Out | nile Assessment |
| | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Co-occu | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Co-Occurring | tpatient Therapy-Men | tal Health; Intensive |
| Granillo, Jill | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adul ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual; Juvenile Non-Re | Abuse Evaluations; J | luvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | | | | |
| | | | | |
| Granillo, Jill | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adul ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual; Juvenile Non-Re | Abuse Evaluations; J | luvenile Non- |

Mental Health Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Outpatient 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;

| Name | Agency | Address | Phone | Fax |
|-------------------------|---|---|--|--|
| Green, Faith | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | dual; Adult Non-Residential tial Services Intervention/Ed | Services Outpatient lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | | tient Therapy - Individual-Mental Health; Outpatient Therapy in ental Health; Outpatient Therapy - Co-occurring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | |
| Green, Faith | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| Mental Health Services: | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | tial Services Intervention/Ec Non-Residential Services (| lucation; Juvenile Outpatient - Individua |
| | | tient Therapy - Individual-Mental Health; Outpatient Therapy ir ental Health; Outpatient Therapy - Co-occurring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gregory, Nichole | | 2170 North Platte Ave Fremont NB 68025-2630 | (402)720-1621 | (402)753-6445 |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Educat nt - Family; Adult Non-Residential Services Outpatient - Individual Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non patient Treatment | dual; Adult Non-Residential Services Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Other Services: | | | | |

Juvenile Non-Residential Services Intensive Outpatient Treatment

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Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|---|--|--|---|
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Habrich, Carla | Restored Counseling Services | 6648 Charles St Omaha NB 68132 | (402)813-2255 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Juvenile Assessment Services Substance Abuse E | | |
| Mental Health Services: | Odipation Tanny, deverme Non Residential Se | TVICCS Outpation: "Individual | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Habrich, Carla | Restored Counseling Services | 6648 Charles St Omaha NB 68132 | (402)813-2255 | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient - Family; Juvenile Non-Residential Se | | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; 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 Se; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occu. | I; Adult Non-Residential S rvices Substance Abuse Non-Residential Services | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | | toto-psychosocial), Co-occurring utpatient Therapy including Group Sessions-Mental Health; Outpa | atient Therany including F | amily Sessions- |
| | | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessme | | arriny ocosions |
| Other Gervices. | Silding ree 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 Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | I; Adult Non-Residential S rvices Substance Abuse Non-Residential Services | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |

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

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Other Services: | Sessions-Mental Health; Outpatient Therapy - Co Sliding Fee Scale; | o-occurring; Assessment: Pre-Treatment Assessment (Medicaid); As | sessment: Co-Occurrir | ng |
| Hamilton, Teresa | Wiles Counseling & Assessment, Inc. | 7551 Main St., Ste 250 Ralston NB 68127 | (402)639-0435 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual; Juvenile Non-Re | tance Abuse Evaluatio | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) | | | |
| Other Services: | | | | |
| 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; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatry (hip-psychosocial); Co-Occurring | ring Treatment; Juveni ential Services Outpation | le Assessment ent - Family; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessi | | |
| Hamilton, Teresa | Wiles Counseling & Assessment, Inc. | 7551 Main St., Ste 250 Ralston NB 68127 | (402)639-0435 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual; Juvenile Non-Re | tance Abuse Evaluatio | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including F | amily Sessions- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| 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 it - 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 ient - Family; Juvenil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hansen, Lyndsey | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (531)355-7910 | (531)355-7916 |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Groups; vices Outpatient - Individual; Juvenile Non-Residential Services Outp | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | | ırring; Intensive |
| Other Services: | Outpatient. Intensive Outpatient Therapy-Co-occu | annig, Assessinent. Fie-Freatment Assessinent (Medicald), Assessin | lent. co-occurring | |
| Hansen, Lyndsey | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (531)355-7910 | (531)355-7916 |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Groups; vices Outpatient - Individual; Juvenile Non-Residential Services Outp | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | | ırring; Intensive |
| Other Services: | , | | ŭ | |
| 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 Nient - Co-Occurring Treatment; Juvenile Assessment Services Substate Non-Residential Services Outpatient - Family; Juvenile Non-Resideo-Occurring Treatment; Juvenile Non-Residential Services Intensive Occurring Treatment Intensive Occurring Treat | ance Abuse Evaluati ential Services Outpa | ons; Juvenile Non- itient - Individual; |
| 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; Intensive Facility; Assessment: Pre-Treatment Assessment (Medicaid) | ntensive Outpatient: | Intensive Outpatient |

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|--|---|---|---|--|--|
| 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 | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - ividual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-sidential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; venile 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 - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien Therapy-Co-occurring; Psychiatric Residential Treatment Facility; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | | |
| Other Services: | | | | | | |
| Harper, Hallie | Team Inc | PTCEI Omaha NB 68104 | (402)960-9784 | | | |
| | Groups; Adult Non-Residential Services Outpatier | | venile Assessment | Services Substance | | |
| | Non-Treatment: Anger Management Class; Outpa | atient Therapy - Individual-Mental Health; Outpatient Therapy includinental Health; Intensive Outpatient: Intensive Outpatient Therapy-Ment | g Group Sessions-Nal Health; Non-Trea | Mental Health; tment: Family Support | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | | | |
| Harper, Hallie | Personal Touch and Care Enterprise Inc. | 5635 Kansas Ave. Suite 225 Omaha NB 68104 | (402)960-9784 | (402)763-6792 | | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se | | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile | | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Day Treatment Day Decurring | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| Harper, Hallie | Team Inc | PTCEI Omaha NB 68104 | (402)960-9784 | |
| | Groups; Adult Non-Residential Services Outpatier Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Residential | · · | venile Assessment S | Services Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Mental | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Harper, Hallie | Personal Touch and Care Enterprise Inc. | 5635 Kansas Ave. Suite 225 Omaha NB 68104 | (402)960-9784 | (402)763-6792 |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se | | ult Non-Residential ices Intervention/Edi | Services Outpatient - ucation; Juvenile |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy includinental Health; Outpatient Therapy - Co-occurring; Day Treatment Day Toccurring | | |
| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Residential Services Therapeutic Community or Therapeutic Group | ng Treatment; Juven Jential Services Outp g Treatment; Juvenilo | nile Assessment patient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien urring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Trea | | |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center: Juvenile Residential Services Halfway-House or SA Group Home: Juvenile Residential Services Short Term Residential: Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
|---------------------------|---|--|---|--|--|
| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - I | valuations; Adult Non-Residential Services Intervention/Education; Act - Individual; Adult Non-Residential Services Outpatient - Co-Occue Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occur ille Residential Services Therapeutic Community or Therapeutic Gro | urring Treatment; Juvenilo esidential Services Outpa ring Treatment; Juvenile | e Assessment tient - Family; | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | t (bio-psychosocial) | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Hayes, Jill | | 10840 Old Mill Road, Suite 300 Omaha NB 68154 | (402)321-2624 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Residential Services Short Term Residential; Ju Intervention/Education; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services venile Assessment Services Substance Abuse Evaluations; Juvenile al Services Outpatient - Groups; Juvenile Non-Residential Services Clesidential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occu | Adult Non-Residential So s Dual Residential (MH/S e Non-Residential Service Outpatient - Family; Juver | ervices Outpatien A); Adult es nile Non-Residen | |

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

Outpatient Treatment; Juvenile Residential Services Short Term Residential

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Day Treatment Day Treatment Health: Day Treatment: Day Treatment - Co-occurring; Assessment: Pre-Treatment Assessment

(Medicaid); Assessment: Co-Occurring

Other Services:

10840 Old Mill Road, Suite 300 Omaha NB 68154 (402)321-2624 Hayes, Jill

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential: 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; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Residential Services Short Term Residential

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

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Day Treatment Day Treatment Health: Day Treatment: Day Treatment - Co-occurring; Assessment: Pre-Treatment Assessment

(Medicaid): Assessment: Co-Occurring

Other Services:

| 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 Term |
| Mental Health Services: | Residential Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | ` ' ' | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occi | urring | |
| Other Services: | Sliding Fee Scale; | | _ | |
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Substance Abuse Services: | Adult Residential Services Therapeutic Communi Residential | ity; Juvenile Residential Services Halfway-House or SA Group Home; | Juvenile Residentia | al Services Short Term |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Assess | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occi | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 | raluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Adult Non-Residential Services Intensons; Juvenile Non-Residential Services Outpatient - Family; Juvenile tpatient - Co-Occurring Treatment; Juvenile Non-Residential Services | sive Outpatient Trea Non-Residential Sei | tment; Juvenile rvices 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 | raluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Adult Non-Residential Services Intensons; Juvenile Non-Residential Services Outpatient - Family; Juvenile tpatient - Co-Occurring Treatment; Juvenile Non-Residential Services | sive Outpatient Trea Non-Residential Sei | tment; Juvenile rvices Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Other Services: | Bilingual Services; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| age Counseling Omaha LLC | 13808 U St. Omaha NB 68137 | (047)447.0447 | |
|--|---|--|---|
| dult Assessment Services Substance Abuse Ev | | (317)417-6447 | |
| roups; Adult Non-Residential Services Outpatie o-Occurring Treatment; Adult Non-Residential on-Residential Services Intervention/Education uvenile Non-Residential Services Outpatient - Ir ervices Intensive Outpatient Treatment | ndividual; Juvenile Non-Residential Services Outpatient - | ndividual; Adult Non-Residential Si ment Services Substance Abuse E Juvenile Non-Residential Services | ervices Outpatient Evaluations; Juveni Outpatient - Famil |
| essions-Mental Health; Outpatient Therapy incl | 0, 1 | | 0 1 |
| liding Fee Scale; | | | |
| age Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (317)417-6447 | |
| roups; Adult Non-Residential Services Outpatie o-Occurring Treatment; Adult Non-Residential son-Residential Services Intervention/Education uvenile Non-Residential Services Outpatient - Ir ervices Intensive Outpatient Treatment | ent - Family; Adult Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment; Juvenile Assess ; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - | ndividual; Adult Non-Residential Soment Services Substance Abuse E Juvenile Non-Residential Services | ervices Outpatient Evaluations; Juveni Outpatient - Famil |
| | | | |
| maha Home for Boys | 4343 N 52nd St Omaha NB 68104 | (402)457-7042 (| (402)457-7162 |
| | avenile Non-Residential Services Outpatient - Intervices Intensive Outpatient Treatment utpatient Therapy; Pre-Treatment Assessment on-Treatment: Anger Management Class; Nonessions-Mental Health; Outpatient Therapy includes Sessment: Co-Occurring iding Fee Scale; age Counseling Omaha LLC dult Assessment Services Substance Abuse Extroups; Adult Non-Residential Services Outpaties o-Occurring Treatment; Adult Non-Residential Services Intervention/Education avenile Non-Residential Services Outpatient - Intervices Intensive Outpatient Treatment utpatient Therapy; Pre-Treatment Assessment on-Treatment: Anger Management Class; Nonessions-Mental Health; Outpatient Therapy includes Sessment: Co-Occurring iding Fee Scale; | avenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Pervices Intensive Outpatient Treatment utpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring on-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Measions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy iding Fee Scale; age Counseling Omaha LLC 13808 U St Omaha NB 68137 dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Ecoroups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual: Services Outpatient - Individual: Juvenile Non-Residential Services Outpatient - Groups; Intensive Outpatient Treatment; Juvenile Assessment (bio-psychosocial); Co-Occurring On-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Measions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy inclu | on-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy in essions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy in essions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy in essessment: Co-Occurring iding Fee Scale; age Counseling Omaha LLC 13808 U St Omaha NB 68137 (317)417-6447 dult 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 Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Pro-Treatment Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Pro-Treatment Assessment (bio-psychosocial); Co-Occurring On-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy in essessment: Co-Occurring Disorder; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Thesessessment: Co-Occurring iding Fee Scale; |

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

Mental Health Services:

Juvenile Services: Non-Treatment: Day Reporting; 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); Assessment: Co-Occurring; Non-Treatment: Intensive Family Preservation

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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: Juvenile Non-Residential

Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-

Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health;

| Name | Agency | Address | Phone | Fax |
|--|---|--|------------------------|-----------------------|
| Howard, Daryl | Omaha Home for Boys | 4343 N 52nd St Omaha NB 68104 | (402)457-7042 | (402)457-7162 |
| Substance Abuse Services: | Care Monitoring SA/MH; Juvenile Non-Residentia | Evaluations; Juvenile Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intervention/Educational Services Outpatient - Co-Occurring Treatment - Co-O | utpatient - Family, Jι | venile Non- |
| Mental Health Services: | • | | | |
| Juvenile Services: | Sessions-Mental Health; Outpatient Therapy inclu Intensive Outpatient: Intensive Outpatient Therap | Anger Management Class; Outpatient Therapy - Individual-Mental Heaus Family Sessions-Mental Health; Outpatient Therapy - Eating Discy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Cong; Non-Treatment: Intensive Family Preservation | sorder; Outpatient Th | nerapy - Co-occurring |
| Other Services: | | | | |
| Hughbanks, Sharon | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5454 | (402)715-5452 |
| Substance Abuse Services: Mental Health Services: | Outpatient Treatment; Adult Residential Services Residential Services Outpatient - Co-Occurring T | aluations; Adult Non-Residential Services Outpatient - Individual; Adu Short Term Residential; Juvenile Assessment Services Substance Al reatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ouse Evaluations; Jυ | |
| | Assessment: Co-Occurring | | | |
| | Sliding Fee Scale; | | | |
| Hughbanks, Sharon | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5454 | (402)715-5452 |
| Substance Abuse Services: | Outpatient Treatment; Adult Residential Services | aluations; Adult Non-Residential Services Outpatient - Individual; Adu Short Term Residential; Juvenile Assessment Services Substance Al reatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ouse Evaluations; Jυ | |
| | Assessment: Co-Occurring | | | |
| | 3 | | | |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Service | lult Non-Residential | Services Outpatient |

Services Intensive Outpatient Treatment

occurring; Non-Treatment: Family Support Worker

Mental Health Services: Outpatient Therapy

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Other Services: Sliding Fee Scale; Hearing Impaired;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Other Services: | Sliding Fee Scale; | | | |
| 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 S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; As Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurrications | Adult Non-Residential S ces Substance Abuse E on-Residential Services | ervices Outpatient Evaluations; Juveni Outpatient - Famil |
| Mental Health Services: | | | | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includ patient: Intensive Outpatient Therapy-Mental Health; 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 Outpatier Services Substance Abuse Evaluations; Juvenile | 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 | ring Treatment; Juvenil ential Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including Fa | 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 Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | ring Treatment; Juvenil ential Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including Fa | amily Sessions- |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 | | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; 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 Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | | |
| | 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-Mental Health; Intensive 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 | | |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurrie Assessment Services Substance Abuse Evaluations; Juvenile Non-I Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Nor (bio-psychosocial); Co-Occurring | ng Treatment; Adult Residential Services patient - Family; Juv | Non-Residential renile Non-Residential | | |
| | 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-Mental Health; In ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient: | Intensive Outpatient | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Jones , LeTroy | Multicultural Youth & Family Counseling | 4830 Wilshire Blvd Lincoln NB 68505 | (402)890-1077 | (402)474-2583 | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Residential Services Short Term Residential; Juv Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Education; Adult non-Residential Services Intensivenile Assessment Services Substance Abuse Evaluations; Juvenile Nervices Outpatient - Individual; Juvenile Non-Residential Services Contient Treatment; Juvenile Residential Services Short Term Resident | sive Outpatient Treat Ion-Residential Serv Outpatient - Co-Occu | ment; Adult ices | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Assessment | ent: Pre-Treatment A | Assessment | | |

(Medicaid); Assessment: Mental Status Exam (MSE)

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|--|--|---|--|
| Jones , LeTroy | Multicultural Youth & Family Counseling | 4830 Wilshire Blvd Lincoln NB 68505 | (402)890-1077 | (402)474-2583 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Residential Services Short Term Residential; Juv- Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Intervention/Education; Adutient - Co-Occurring Treatment; Adult Non-Residential Services Intensenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Coatient Treatment; Juvenile Residential Services Short Term Resident | sive Outpatient Trea Ion-Residential Serv Outpatient - Co-Occu | tment; Adult rices | |
| Mental Health Services: | | | | | |
| | (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | ent: Pre-Treatment / | Assessment | |
| Other Services: | Sliding Fee Scale; | | | | |
| Jones, Kimberly | Eastern Nebraska Community Action Partnership Inc | 2406 Fowler Avenue Omaha NB 68111 | (402)453-5656 | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | lult Non-Residential ices Intervention/Ed | Services Outpatient - lucation; Juvenile | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Jones, Kimberly | Eastern Nebraska Community Action Partnership Inc | 2406 Fowler Avenue Omaha NB 68111 | (402)453-5656 | | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disord Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | t Therapy including Assessment (Medica | Family Sessions- aid); Assessment: Co- | |
| Other Services: | Sliding Fee Scale; | | | | |

Other Services: Sliding Fee Scale;

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| 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: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult I nce Abuse Evaluations; Juvenile Non-Residential Services Outpatier | | |
| | • | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | • | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie lent: Mental Status Exam (MSE) | nt 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 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult I nce Abuse Evaluations; Juvenile Non-Residential Services Outpatier | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | ccurring | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie lent: Mental Status Exam (MSE) | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | Bilingual Services; | | | |
| Kimmerling, Katherine | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | 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; Juvenilo es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kimmerling, Katherine | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | 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; Juvenilo es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | · · · · | | |

| Name | Agency | Address | Phone | Fax |
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| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpa | valuations; Adult Non-Residential Services Care Monitoring SA/MH; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Residential Services Describe Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-O | dult Non-Residential lual Residential (MH Ion-Residential Serv /; 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; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| | | valuations; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Cutrations, Individual, Adult Non-Residential Services Cutrations, Individual, Adult Non-Residential Services Cutrations, Individual, Adult Non-Residential Services Cutrations | | |
| | 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 | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Adult Residential Services D venile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residen | dult Non-Residential lual Residential (MH Ion-Residential Serv /; Juvenile Non-Res | Services Outpatier I/SA); Adult vices Care Monitorii idential Services |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Adult Residential Services D venile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residen (bio-psychosocial); Co-Occurring | dult Non-Residential lual Residential (MH Ion-Residential Serv /; Juvenile Non-Res | Services Outpatier I/SA); Adult vices Care Monitorii idential Services |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Co-occurring; Intensive Out | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Adult Residential Services D venile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residen | dult Non-Residential lual Residential (MH Ion-Residential Serv /; Juvenile Non-Res | Services Outpatier I/SA); Adult vices Care Monitorii idential Services |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Adult Residential Services D venile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residen (bio-psychosocial); Co-Occurring | dult Non-Residential lual Residential (MH Ion-Residential Serv /; Juvenile Non-Res | Services Outpatier I/SA); Adult vices Care Monitorii idential Services |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Co-occurring; Intensive Out | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Adult Residential Services D venile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residen (bio-psychosocial); Co-Occurring | dult Non-Residential lual Residential (MH Ion-Residential Serv /; Juvenile Non-Res | Services Outpatier I/SA); Adult vices Care Monitorii idential Services |
| Mental Health Services: Juvenile Services: Other Services: Kola, Betty | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Sersidential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Co-occurring; Intensive Out Sliding Fee Scale; Buoyant Family Services Counseling and Consulting LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Adult Residential Services D venile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residen (bio-psychosocial); Co-Occurring spatient: Intensive Outpatient Therapy-Co-occurring | dult Non-Residential (MH lon-Residential Services Intensidential Intensiden | Services Outpatier I/SA); Adult vices Care Monitorii idential Services ive Outpatient rvices Outpatient - t Non-Residential s Outpatient - Group |
| Mental Health Services: Juvenile Services: Other Services: Kola, Betty Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiec Co-Occurring Treatment; Adult Non-Residential Sersidential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Co-occurring; Intensive Out Sliding Fee Scale; Buoyant Family Services Counseling and Consulting LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fe Co-Occurring Treatment | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Adult Residential Services Describe Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient Intensive Outpatient Therapy-Co-occurring The Center-Suite 106 1941 S 42nd St Omaha NB 68105 Valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurring e Assessment Services Substance Abuse Evaluations; Juvenile Non- | dult Non-Residential (MH lon-Residential Services Intensidential Intensiden | Services Outpatien I/SA); Adult vices Care Monitori idential Services ive Outpatient rvices Outpatient - t Non-Residential s Outpatient - Grou |
| Mental Health Services: Juvenile Services: Other Services: Kola, Betty Substance Abuse Services: Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatiec Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Co-occurring; Intensive Out Sliding Fee Scale; Buoyant Family Services Counseling and Consulting LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fico-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Mentoring; Outpatient Therapy | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Adult Residential Services Describe Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resident (bio-psychosocial); Co-Occurring Treatment; Juvenile Non-Resident (bio-psychosocial); Co-Occurring Treatment: Intensive Outpatient Therapy-Co-occurring The Center-Suite 106 1941 S 42nd St Omaha NB 68105 Valuations; Adult Non-Residential Services Outpatient - Groups; Adult not - Individual; Adult Non-Residential Services Outpatient - Co-Occurring e Assessment Services Substance Abuse Evaluations; Juvenile Non-Tamily; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatien | dult Non-Residential yeal Residential (MH lon-Residential Services Intensidential Inten | Services Outpatiel I/SA); Adult vices Care Monitori idential Services ive Outpatient rvices Outpatient - t Non-Residential s Outpatient - Grou al Services Outpatie Outpatient Therapy |

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurie Assessment Services Substance Abuse Evaluations; Juvenile Nonamily; Juvenile Non-Residential Services Outpatient - Individual; Juvenile; Juvenile Non-Residential Services Outpatient - Individual; Juvenile | ring Treatment; Adult N -Residential Services (| lon-Residential Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | Individual-Mental Health; Outpatient Therapy including Family Sessi atment Assessment (Medicaid); Assessment: Mental Status Exam (N | | |
| Other Services: | Bilingual Services; | | | |
| Konen, Michele | Transition Recovery Center Evaluations | 13302 Millard Ave Suite 104 Omaha NB 68137 | (402)813-3605 | |
| Mental Health Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Juvenile Assessment Service | aluations; Adult Non-Residential Services Intervention/Education; Aces Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Fudividual | Family; Adult Non-Resides Intervention/Educa | idential Services tion; Juvenile Non- |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |
| Konen, Michele | Transition Recovery Center Evaluations | 13302 Millard Ave Suite 104 Omaha NB 68137 | (402)813-3605 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Juvenile Assessment Service | aluations; Adult Non-Residential Services Intervention/Education; Actes Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Fudividual | Family; Adult Non-Res ces Intervention/Educa | idential Services tion; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| 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: | | aluations; Adult Non-Residential Services Outpatient - Individual; Juv | venile Assessment Ser | vices Substance |
| Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy | vices Outpatient - Individual | | |

Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring

Juvenile Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 68144 | (402)639-2901 | |
| | Abuse Evaluations; Juvenile Non-Residential Ser | raluations; Adult Non-Residential Services Outpatient - Individual; Jurvices Outpatient - Individual | uvenile Assessment S | Services Substance |
| Mental Health Services: | | | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |
| Kovanda, Willow | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Astr - Family; Adult Non-Residential Services Outpatient - Individual; Gervices Intensive Outpatient Treatment; Juvenile Assessment Serv; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia rices Substance Abus Ion-Residential Servic | l 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; Outpatig; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health | | |
| Other Services: | Sliding Fee Scale; | 9 | | |
| Kovanda, Willow | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia rices Substance Abus Ion-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; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health | | |
| Other Services: | Sliding Fee Scale; | 9 | | |
| Krueger, Carmen | Psychiatric Services PC | 9239 W. Center Rd. Ste. 211 Omaha NB 68124 | (402)399-9305 | (402)397-3191 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | 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 Evalua | tions; Juvenile Non- |
| Mental Health Services: | | | | |

| Name | | Agency | | Address | Phone | Fax |
|--------------------|-----------|--|---|---|-----------------------|---------------------|
| Other S | Services: | | | | | |
| Krueger, Carmen | | Psychiatric Services PC | 9239 W. Cente | r Rd. Ste. 211 Omaha NB 68124 | (402)399-9305 | (402)397-3191 |
| Substance Abuse S | | Adult Assessment Services Substance Abuse Eva Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment | ient - Co-Occurrin | g Treatment; Juvenile Assessment Services Subs | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health S | Services: | | | | | |
| Juvenile S | Services: | | | | | |
| Other S | Services: | | | | | |
| Lanning, Krystal | | Heartland Family Service | 2101 S 42nd S | t Omaha NB 68105 | (402)553-3000 | |
| Substance Abuse S | Services: | Adult Assessment Services Substance Abuse Eva | aluations; Juvenile | Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health S | Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); | Co-Occurring | | |
| Juvenile S | Services: | | | | | |
| Other S | Services: | Sliding Fee Scale; | | | | |
| Lanning, Krystal | | Heartland Family Service | 2101 S 42nd S | t Omaha NB 68105 | (402)553-3000 | |
| Substance Abuse S | Services: | Adult Assessment Services Substance Abuse Eva | aluations; Juvenile | Assessment Services Substance Abuse Evaluati | ons | |
| Mental Health S | Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); | Co-Occurring | | |
| Juvenile S | Services: | | | | | |
| Other S | Services: | Sliding Fee Scale; | | | | |
| Laufenberg , James | | | 11069 I Street | Omaha NB 68137 | (402)290-2602 | (888)507-5931 |
| Substance Abuse S | | Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Co | nt - Individual; Adu Non-Residential S | It Non-Residential Services Outpatient - Co-Occurervices Intervention/Education; Juvenile Non-Res | rring Treatment; Juve | enile Assessment |
| Mental Health S | | Outpatient Therapy; Pre-Treatment Assessment (| • | | | |
| Juvenile S | | Outpatient Therapy - Individual-Mental Health; Ou Occurring | tpatient Therapy - | Co-occurring; Assessment: Pre-Treatment Asses | sment (Medicaid); As | ssessment: Co- |
| Other S | Services: | | | | | |

Other Services: Sliding Fee Scale;

| 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; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resido-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; Ou Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess | ment (Medicaid); As | ssessment: Co- |
| Other Services: | | | | |
| Leary, Julie | Bazinga Counseling Inc | 7317 Joseph Ave La Vista NB 68128 | (402)740-6453 | (402)592-3705 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Services Outpatient - Co-Occurring Treatment | Juvenile Non-Reside | ential Services |
| Mental Health Services: | терительный при | g | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Co-Occurring | t Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | 3 | | |
| Leary, Julie | Bazinga Counseling Inc | 7317 Joseph Ave La Vista NB 68128 | (402)740-6453 | (402)592-3705 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Services Outpatient - Co-Occurring Treatment | Juvenile Non-Reside | ential Services |
| Mental Health Services: | Culpulon manada, curomo non nocido man | oonnood dalpanone da dasanning maainidin | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Co-Occurring | t Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | 3 | | |
| Leddy, Kayla | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family | lult Non-Residential ices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Mental Status Exam (MSE) | | |
| Other Cemilers | 0" " F 0 I | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Leddy, Kayla | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| 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 | | fult Non-Residential Sices Intervention/Edu | Services Outpatient - cation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Outpatient Therapy - Individual-Mental Health; As | ssessment: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Liester, Courtney | Courtney Liester LLC | 7905 L St Suite 410 Omaha NB 68127 | (402)577-0173 | |
| | | aluations; Adult Non-Residential Services Outpatient - Family; Adult None Abuse Evaluations; Juvenile Non-Residential Services Outpatient | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occur | ring; Assessment: |
| Other Services: | Sliding Fee Scale; | one do documing | | |
| Liester, Courtney | Courtney Liester LLC | 7905 L St Suite 410 Omaha NB 68127 | (402)577-0173 | |
| | | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nonce Abuse Evaluations; Juvenile Non-Residential Services Outpatient (bio-psychosocial): Co-Occurring | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occur | ring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Likes, Jason | Boys Town | 555 N. 30th St. Omaha NB 68131 | (402)498-7910 | (402)498-7916 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Juv | enile Assessment Se | rvices Substance |
| Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Ser | vices intervention/Education | | |
| | Psychiatric Residential Treatment Facility | | | |
| Other Convictor | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax | | | |
|---------------------------|--|---|--|----------------|--|--|--|
| Likes, Jason | Boys Town | 555 N. 30th St. Omaha NB 68131 | (402)498-7910 | (402)498-7916 | | | |
| Substance Abuse Services: | | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Juvenile Assessment Services Substance ouse Evaluations; Juvenile Non-Residential Services Intervention/Education | | | | | |
| Mental Health Services: | , | | | | | | |
| | Psychiatric Residential Treatment Facility | | | | | | |
| 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 | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - 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; 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; Psychiatr | c Residential Treatn | nent Facility; | | | |
| 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 Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult l it - 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; Juven itial Services Outpat | ile 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; Psychiatr | c Residential Treatn | nent Facility; | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Maldonado, Gina | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | (402)504-3882 | | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance A | | | | | |
| Mental Health Services: | · | | | | | | |
| Juvenile Services: | | | | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|------------------------|----------------------|
| Maldonado, Gina | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | (402)504-3882 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adul ve Outpatient Treatment; Juvenile Assessment Services Substance | | |
| Mental Health Services: | • | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Manning, Tia | Wholehearted Therapy | 2126 N 117th Ave Omaha NB 68164 | (816)572-0676 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment; Juvenile Non-Residential Services C nile Non-Residential Services Outpatient - Co-Occurring Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Manning, Tia | Wholehearted Therapy | 2126 N 117th Ave Omaha NB 68164 | (816)572-0676 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment; Juvenile Non-Residential Services C nile Non-Residential Services Outpatient - Co-Occurring Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Marshall, Christopher | | 1941 S 42nd St Suite 507 Omaha NB 68105 | (531)867-7455 | (531)466-8610 |
| Substance Abuse Services: | | 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 | sidential Services Out | patient - Co-Occurri |
| Mental Health Services: | Residential Services Outpatient - Family; Juvenile Treatment | e Non-Residential Šervices Outpatient - Individual; Juvenile Non-Res | sidential Services Out | patient - Co-Occurr |
| | Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy | e Non-Residential Services Outpatient - Individual; Juvenile Non-Results utpatient Therapy including Family Sessions-Mental Health; Outpaties | | • |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|-------------------------------------|
| Marshall, Christopher | | 1941 S 42nd St Suite 507 Omaha NB 68105 | (531)867-7455 | (531)466-8610 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar | 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-Residential | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring |
| Other Services: | Sliding Fee Scale; | | | |
| Matheny, Cindy | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)455-8303 | |
| Substance Abuse Services: | Outpatient - Family; Juvenile Non-Residential Se | Evaluations; Juvenile Non-Residential Services Outpatient - Groups; rvices Outpatient - Individual; Juvenile Non-Residential Services Outpeatment; Juvenile Residential Services Therapeutic Community or Th | atient - Co-Occurring | g Treatment; Juvenile |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Matheny, Cindy | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)455-8303 | |
| Substance Abuse Services: | Outpatient - Family; Juvenile Non-Residential Se | Evaluations; Juvenile Non-Residential Services Outpatient - Groups; rvices Outpatient - Individual; Juvenile Non-Residential Services Outpeatment; Juvenile Residential Services Therapeutic Community or Th | atient - Co-Occurring | g Treatment; Juvenile |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Matney, Brittany | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)885-6980 | |
| Substance Abuse Services: | Adult Non-Residential Services Intervention/Educ Intensive Outpatient Treatment; Juvenile Non-Re Treatment | cation; Adult Non-Residential Services Outpatient - Co-Occurring Treasidential Services Intervention/Education; Juvenile Non-Residential Services | tment; Adult Non-Re ervices Outpatient - | esidential Services Co-Occurring |
| Mental Health Services: | Medication Evaluation; Pre-Treatment Assessme | nt (bio-psychosocial) | | |
| Juvenile Services: | Assessment: Medication Management | | | |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Matney, Brittany | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)885-6980 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Co-Occurring sidential Services Intervention/Education; Juvenile Non-Residenti | | |
| Mental Health Services: | Medication Evaluation; Pre-Treatment Assessme | nt (bio-psychosocial) | | |
| | Assessment: Medication Management | | | |
| Other Services: | | | | |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | l; Adult Non-Residential S Services Intervention/Edu | Services Outpatient - cation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | the Output and Theorem in | alvedia a Osava |
| Juvenile Services: | | reatment: Mentoring; Outpatient Therapy - Individual-Mental Heal uding Family Sessions-Mental Health; Assessment: Co-Occurring | | cluding Group |
| 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 | | l; Adult Non-Residential S Services Intervention/Edu | Services Outpatient of scation; Juvenile |
| | | reatment: Mentoring; Outpatient Therapy - Individual-Mental Heal | th: Outpatient Therapy in | cludina Group |
| | | uding Family Sessions-Mental Health; Assessment: Co-Occurring | , | and and a |
| Other Services: | | | | |
| McDill, Heather | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)554-7204 | (402)339-4358 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Outpatient - Groups; Juvenile Non-Res Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | curring Treatment; Juveni idential Services Outpati | le Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurrin | | amily Sessions- |

| Name | | Allera | DI | - | |
|---------------------------|---|--|--|---|--|
| Name | Agency | Address | Phone | Fax | |
| McDill, Heather | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)554-7204 | (402)339-4358 | |
| 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; 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; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | | | | |
| Other Services: | | | | | |
| McMorris, Kimberly | | 8502 Underwood AVe Omaha NB 68114 | (402)507-9947 | (402)884-1312 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult Ince Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | | |
| Mental Health Services: | Common Carpanoni Indimedia | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| McMorris, Kimberly | | 8502 Underwood AVe Omaha NB 68114 | (402)507-9947 | (402)884-1312 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult Ince Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | | |
| Mental Health Services: | Services Outpatient - Individual | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; 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; Juven es Outpatient - Fami | |
| | Outpatient Therapy; Pre-Treatment Assessment | - | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- | |
| Other Services: | Sliding Fee Scale; | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name Agency Address Phone Fax | Name | Agency | Address | Phone | Fax |
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McNichols, Stephanie

4701 Van Dorn Suite B Lincoln NB 68506

(402)440-6496

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

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

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

Other Services: Sliding Fee Scale;

Mertes, Courtney

268 N. 115th Street, Ste 1 Omaha NB 68154

(402)590-8766

(402)838-7248

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

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

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

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 Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

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

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: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring: Assessment: Pre-Treatment Assessment (Medicaid): Assessment: Mental Status Exam (MSE): Assessment: Co-Occurring

Other Services:

Intensive Outpatient Treatment

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

| Name | Agency | Address | Phone | Fax | | |
|---------------------------------------|--|---|--|---------------------|--|--|
| Moreno, Dominique | Moreno Therapy P.C., LLC | 111414 W. Center Rd Suite 300 Omaha NB 68144 | (402)660-9555 | | | |
| 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 Treatme | ng Treatment; Juve itial Services Outpa | nile Assessment | | |
| Mental Health Services: | Co-Occurring | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy - Co-occu | ırring; Assessment: | | |
| Other Services: | Ç . | | | | | |
| Moreno, Dominique | Moreno Therapy P.C., LLC | 111414 W. Center Rd Suite 300 Omaha NB 68144 | (402)660-9555 | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult l 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; Juve itial Services Outpa | nile Assessment | | |
| Mental Health Services: | Co-Occurring | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy - Co-occu | ırring; Assessment: | | |
| Other Services: | 3 | | | | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Eating Disorder; Non-Treatment: Intensive Family | Preservation | | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services 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 | ng Treatment; Juve tial Services Outpa | nile Assessment | | |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Mosley, Gary | | 319 South 17Th Street Suite 512 Omaha NB 68102 | (402)312-9636 | (406)206-5944 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services | Abuse Evaluations; Adult Non-Residential Services Intervention/Education Outpatient - Individual; Juvenile Assessment Services Substance Abuse I esidential Services Outpatient - Groups; Juvenile Non-Residential Services | Evaluations; Juvenile No | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Mosley, Gary | | 319 South 17Th Street Suite 512 Omaha NB 68102 | (402)312-9636 | (406)206-5944 |
| Mental Health Services: Juvenile Services: Other Services: | | esidential Services Outpatient - Groups; Juvenile Non-Residential Services | Outpatient - Individual | |
| | | | | |
| Ortiz-Vega, Adalis | Adalis Ortiz-Vega | 1368 E Normandy Blvd Deltona FL 32725 | (956)203-9601 | |
| Substance Abuse Services: | Adult Assessment Services Substance A Family; Adult Non-Residential Services Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outp Co-Occurring Treatment | Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; A Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Oc Juvenile Non-Residential Services Intervention/Education; Juvenile Non-fatient - Family; Juvenile Non-Residential Services Outpatient - Individual; | dult Non-Residential Se curring Treatment; Juve Residential Services Ou | enile Assessment tpatient - Groups; |
| Mental Health Services: | Adult Assessment Services Substance A Family; Adult Non-Residential Services Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outp Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Asse Outpatient Therapy - Individual-Mental F | Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; A Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Oc Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Fatient - Family; Juvenile Non-Residential Services Outpatient - Individual; essment (bio-psychosocial); Co-Occurring Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient | dult Non-Residential Se curring Treatment; Juve Residential Services Ou Juvenile Non-Residentia | enile Assessment tpatient - Groups; al Services Outpatien |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance A Family; Adult Non-Residential Services Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outp Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Asse | Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; A Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Oc Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Fatient - Family; Juvenile Non-Residential Services Outpatient - Individual; essment (bio-psychosocial); Co-Occurring Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient | dult Non-Residential Se curring Treatment; Juve Residential Services Ou Juvenile Non-Residentia | enile Assessment tpatient - Groups; al Services Outpatien |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance A Family; Adult Non-Residential Services Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outp Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Asse Outpatient Therapy - Individual-Mental Hental Health; Outpatient Therapy - Co- | Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; A Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Oc Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Fatient - Family; Juvenile Non-Residential Services Outpatient - Individual; essment (bio-psychosocial); Co-Occurring Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient | dult Non-Residential Se curring Treatment; Juve Residential Services Ou Juvenile Non-Residentia | enile Assessment tpatient - Groups; al Services Outpatier |

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

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

Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; Bilingual 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 t - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Intervention/Education; Juvenile Non-Idividual; Juvenile Non-Residential Services Outpatient - Co-Occ | curring Treatment; Juvenil Residential Services Outpa | e Assessment |
| 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 | | |
| 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 It - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Intervention/Education; Juvenile Non-I dividual; Juvenile Non-Residential Services Outpatient - Co-Occ | ccurring Treatment; Juvenil Residential Services Outpa | e Assessment |
| Montal Hoalth Sarvisos | Outside the same Box Toronto and Assessment | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Menta neath Services. | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | ,, |
| | | (bio-psychosocial); Co-Occurring utpatient Therapy including Family Sessions-Mental Health | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Juvenile Services: | | | | , |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | | (402)881-0445 | ,, |
| Juvenile Services: Other Services: Osler, Lisa | Outpatient Therapy - Individual-Mental Health; Or Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health | , , | , |
| Juvenile Services: Other Services: Osler, Lisa | Outpatient Therapy - Individual-Mental Health; Or Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev | utpatient Therapy including Family Sessions-Mental Health 10826 Old Mill Rd Suite 103A Omaha NB 68154 | , , | , |
| Juvenile Services: Other Services: Osler, Lisa Substance Abuse Services: | Outpatient Therapy - Individual-Mental Health; Or Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev | utpatient Therapy including Family Sessions-Mental Health 10826 Old Mill Rd Suite 103A Omaha NB 68154 | , , | , |
| Juvenile Services: Other Services: Osler, Lisa Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Individual-Mental Health; Or Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev | utpatient Therapy including Family Sessions-Mental Health 10826 Old Mill Rd Suite 103A Omaha NB 68154 | , , | , |

Mental Health Services:

Juvenile Services:

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-

| Name | Agency | Address | Phone | Fax |
|--|---|--|---|--|
| Paradis, Lisa M | | 10831 Old Mill Rd Ste 200G Omaha NB 68154 | (402)566-5860 | (402)322-7681 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family | ult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | · | • | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Paradis, Lisa M | | 10831 Old Mill Rd Ste 200G Omaha NB 68154 | (402)566-5860 | (402)322-7681 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family - Famil | ult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Parmer, Alisa | Heartland Family Service | 1941 S 42nd St Suite 375 Omaha NB 68105 | (402)552-7419 | (402)457-7791 |
| Substance Abuse Services: 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-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adults Outpatient - Groups; Adult Non-Residential Services Outpatient - Favices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Julio-psychosocial): Co-Occurring | amily; Adult Non-Re rvices Intensive Out n; Juvenile Non-Re utpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non-Sessions-Mental Health; Outpatient Therapy incluAssessment (Medicaid); Assessment: Co-Occurri | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; uding Family Sessions-Mental Health; Outpatient Therapy - Co-occurri | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Parmer, Alisa | Heartland Family Service | 1941 S 42nd St Suite 375 Omaha NB 68105 | (402)552-7419 | (402)457-7791 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - Fa | | |

Residential Services Outpatient - Individual; Juvenile Non-Residential Services

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|--|--|--|---------------------|--|--|
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment Non-Treatment: Anger Management Class; Non-Sessions-Mental Health; Outpatient Therapy includes | | | | | |
| Parsha, Myisha | Omaha Trauma Therapy | 5410 S 99th St Omaha NB 68127 | (531)444-1963 | (531)203-5224 | | |
| | dult 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 | | | | | |
| | Outpatient Therapy; Co-Occurring | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indi | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: | | | | |
| Other Services: | oo oooannig | | | | | |
| Parsha, Myisha | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (531)444-1963 | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Int - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatments | ng Treatment; Juve itial Services Outpa | nile Assessment | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- | | |
| Other Services: | , , | , | | | | |
| Parsha, Myisha | Omaha Trauma Therapy | 5410 S 99th St Omaha NB 68127 | (531)444-1963 | (531)203-5224 | | |
| 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-Resid | nce 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 | t Therapy - Co-occu | urring; Assessment: | | |
| Other Services: | - | | | | | |

Mental Health Services: Outpatient Therapy; Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|--|---|---|--|
| Parsha, Myisha | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (531)444-1963 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juven itial Services Outpati | ile Assessment | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including F | Family Sessions- | |
| Other Services: | | | | | |
| Patil, Jay | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-7912 | (402)498-7916 | |
| 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 - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | |
| Mental Health Services: | | | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-C tus Exam (MSE) | Co-occurring; Assess | ment: Pre-Treatment | |
| Other Services: | | , , | | | |
| Patil, Jay | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-7912 | (402)498-7916 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nient - Co-Occurring Treatment; Juvenile Assessment Services Substate Non-Residential Services Outpatient - Family; Juvenile Non-Resideo-Occurring Treatment; Juvenile Non-Residential Services Intensive O | ance Abuse Evaluation ntial Services Outpa | ons; Juvenile Non- tient - Individual; | |
| Mental Health Services: | | | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Star | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-C tus Exam (MSE) | Co-occurring; Assess | ment: Pre-Treatment | |
| Other Services: | | | | | |
| Payne, Roshawna | Charles Drew Health Center | 2915 Grant St Omaha NB 68111 | (402)810-9745 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I it - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juven itial Services Outpati | ile Assessment | |

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

Mental Health Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| | Outpatient Therapy including Family Sessions-Me | ental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Payne, Roshawna | Charles Drew Health Center | 2915 Grant St Omaha NB 68111 | (402)810-9745 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - nt - Individual; Adult Non-Residential Services Outpatier Non-Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - Co-Oc | nt - Co-Occurring Treatment; Juveni e Non-Residential Services Outpatie | le Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Non-Treatment: Mentoring; Outpatient Therapy - including Family Sessions-Mental Health | Individual-Mental Health; Outpatient Therapy including | Group Sessions-Mental Health; Our | tpatient Therapy |
| Other Services: | Sliding Fee Scale; | | | |
| Pedersen, Brandon | Behavioral Health of Omaha | 7253 Grover st Omaha NB 68124 | (402)490-0442 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - nt - Individual; Adult Non-Residential Services Outpatier Non-Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - Co-Oc | nt - Co-Occurring Treatment; Juveni e Non-Residential Services Outpatie | le Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | | | | |
| Pedersen, Brandon | Behavioral Health of Omaha | 7253 Grover st Omaha NB 68124 | (402)490-0442 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - nt - Individual; Adult Non-Residential Services Outpatier Non-Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - Co-Oc | nt - Co-Occurring Treatment; Juveni e Non-Residential Services Outpatie | le Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | | | | |
| Pedersen, Melissa | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-7907 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Fami Occurring Treatment; Juvenile Assessment Servi | ily; Adult Non-Residential Services Outpatient - Individu | | |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| | Juvenile Residential Services Therapeutic Con | infinitity of Therapeutic Group Home | | 1 |
|---------------------------|--|--|--|----------------------|
| Name | Agency | Address | Phone | Fax |
| | Assessment: Pre-Treatment Assessment (Med | icaid) | • | • |
| Other Services: | | | | |
| Pedersen, Melissa | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-7907 | |
| Substance Abuse Services: | Occurring Treatment; Juvenile Assessment Se | mily; Adult Non-Residential Services Outpatient - Individual; A rvices Substance Abuse Evaluations; Juvenile Non-Residenti venile Non-Residential Services Outpatient - Co-Occurring Tr | al Services Outpatient - Family | |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including Family Sessions-Mental Health | Outpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Pfeffer, Maria | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-7913 | (402)498-7916 |
| Substance Abuse Services: | | se Evaluations; Juvenile Non-Residential Services Interventio Services Outpatient - Family; Juvenile Non-Residential Services | • | |
| Mental Health Services: | | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Ther Assessment: Co-Occurring | apy-Co-occurring; Assessment: Pre-Treatment Assessment (| Medicaid); Assessment: Ment | al Status Exam (MSE) |
| Other Services: | • | | | |
| Pfeffer, Maria | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-7913 | (402)498-7916 |
| | Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | se Evaluations; Juvenile Non-Residential Services Interventio Services Outpatient - Family; Juvenile Non-Residential Services | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Ther Assessment: Co-Occurring | apy-Co-occurring; Assessment: Pre-Treatment Assessment (| Medicaid); Assessment: Ment | al Status Exam (MSE |
| Other Services: | | | | |
| Pierce , Elizabeth | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (405)552-7083 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpati Services Substance Abuse Evaluations; Juveni | Evaluations; Adult Non-Residential Services Outpatient - Grouient - Individual; Adult Non-Residential Services Outpatient - Cille Non-Residential Services Outpatient - Groups; Juvenile Noal; Juvenile Noal; Juvenile Noal; Juvenile Non-Residential Services Outpatient - Co-Occurri | Co-Occurring Treatment; Juve on-Residential Services Outpa | nile Assessment |

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

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:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| 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 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: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Pope, Michelle | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)669-6204 | (402)939-0666 |
| | 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 | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvensersment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatments | ing Treatment; Juve dential Services Out enile Non-Residentia | nile Assessment tpatient - Groups; al Services Outpatient |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatienent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | |
| Other Services: | Non-Treatment. Intensive Family Freservation | | | |
| Pope, Michelle | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)669-6204 | (402)939-0666 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Individual; Juve | ing Treatment; Juve dential Services Out | nile Assessment tpatient - Groups; |
| Mental Health Services: | • | 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 Family Sessions-Mental Health; Outpatie lent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|------------------------------------|--|---|---|--------------------|
| Potter, Elizabeth | Elizabeth Potter PC | 10831 Old Mill Road Suite 100A Omaha NB 68154 | (402)250-4602 | (402)951-9730 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations; Juvenile Non-Residential Services Intervention/Educ | ation | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatessment (Medicaid); Assessment: Mental Status Exam (MSE) | ient Therapy including | Family Sessions- |
| Other Services. | | | | |
| Potter, Elizabeth | Elizabeth Potter PC | 10831 Old Mill Road Suite 100A Omaha NB 68154 | (402)250-4602 | (402)951-9730 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations; Juvenile Non-Residential Services Intervention/Educ | ation | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpat | ient Therapy including | Family Sessions- |
| Other Services: | Mental Health; Assessment: Pre-Treatment Asse | essment (Medicaid); Assessment: Mental Status Exam (MSE) | | |
| Powell, Shannon | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Substance Abuse Evaluations; Juvenile Non-Res | raluations; Adult Non-Residential Services Intervention/Education; int - Individual; Adult Non-Residential Services Intensive Outpatient sidential Services Intervention/Education; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring Treatmer | Treatment; Juvenile A Services Outpatient - | ssessment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Powell, Shannon | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Substance Abuse Evaluations; Juvenile Non-Res | valuations; Adult Non-Residential Services Intervention/Education; ont - Individual; Adult Non-Residential Services Intensive Outpatient sidential Services Intervention/Education; Juvenile Non-Residential enile Non-Residential Services Outpatient - Co-Occurring Treatmer | Treatment; Juvenile A Services Outpatient - | ssessment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | (402)212-0282 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpetential Services Outpatient - Individual | venile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | (402)212-0282 |
| | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outplential Services Outplential Services Outpatient - Individual | venile Assessment | Services Substance |
| | Non-Treatment: Anger Management Class | | | |
| | Sliding Fee Scale; | | | |
| Radtke, Paul | | 2170 N Platte Ave Fremont NB 68025 | (402)720-7026 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I nce Abuse Evaluations; Juvenile Non-Residential Services Outpatient | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |
| Radtke, Paul | | 2170 N Platte Ave Fremont NB 68025 | (402)720-7026 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I nce Abuse Evaluations; Juvenile Non-Residential Services Outpatient | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health | | |
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| Name | Agency | Address | Phone | Fax |
|--|--|--|---|--|
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Services 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; Aduse Outpatient - Groups; Adult Non-Residential Services Outpatient - Frices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Onile Non-Residential Services Outpatient - Co-Occurring Treatment; | amily; Adult Non-Re rvices Intensive Ou on; Juvenile Non-Re utpatient - 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) | 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 | |
| Substance Abuse Services: 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-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Onile Non-Residential Services Onile Non-Residential Services Outpatient - Co-Occurring Treatment; Coopsychosocial) | amily; Adult Non-Re prvices Intensive Ou on; Juvenile Non-Re utpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| Other Services: | (Medicaid) Sliding Fee Scale; | | | |
| Rhodes-Richardson, | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-2947 | (402)572-3467 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | dult Non-Residential rices Intervention/Ec | Services Outpatient lucation; Juvenile |
| Mental Health Services: | | • | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Rhodes-Richardson, | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-2947 | (402)572-3467 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | · | · · | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| Riley, LaTaunya | Saved to Serve Counseling | 12305 Gold Street Ste 1 Omaha NB 68144 | (402)616-6374 | |
| Substance Abuse Services: | | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re roups; Juvenile Non-Residential Services Outpatient - Family; Juvenil patient - Co-Occurring Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | | , , , , , , , , , , , , , , , , , , , | | |
| Riley, LaTaunya | Saved to Serve Counseling | 12305 Gold Street Ste 1 Omaha NB 68144 | (402)616-6374 | |
| | Juvenile Non-Residential Services Outpatient - G Individual; Juvenile Non-Residential Services Out | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | ě | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| 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 Outp | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| 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; rvices Outpatient - Individual; Juvenile Non-Residential Services Outp | | |
| 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 | utpatient Therapy including Family Sessions-Mental Health; Outpatier urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Robinson, Sarah | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)769-5408 | |
| Mental Health Services: | Assessment Services Substance Abuse Evaluation | tient - Co-Occurring Treatment; Adult Non-Residential Services Intensions; Juvenile Non-Residential Services Outpatient - Groups; Juvenile tient - Individual; Juvenile Non-Residential Services Outpatient - Co-Cent | Non-Residential Se | rvices Outpatient - |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Robinson, Sarah | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)769-5408 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Intensons; Juvenile Non-Residential Services Outpatient - Groups; Juvenile tient - Individual; Juvenile Non-Residential Services Outpatient - Co-Coent | sive Outpatient Trea Non-Residential Se | tment; Juvenile rvices Outpatient - |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Rogers, Randall | Agape Counseling Services/Tubman Center Counseling | 3223 N 45th St Omaha NB 68104 | (531)777-1451 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | dult Non-Residential rices Intervention/Ed | Services Outpatient lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outpa | atient Therapy - Individual-Mental Health; Outpatient Therapy includir | ng Group Sessions-N | Mental Health; |

Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| | Assessment (Medicaid); Out-Of-Home: Independ | ent Living | | |
| Other Services: | Sliding Fee Scale; | | | |
| Rogers, Randall | Agape Counseling Services/Tubman Center Counseling | 3223 N 45th St Omaha NB 68104 | (531)777-1451 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | O | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Mo Home: Independent Living | (bio-psychosocial); Co-Occurring atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | | |
| Other Services: | Sliding Fee Scale; | | | |
| Rossitto-Willets, Andrea | Pando Geriatric Counseling | 11932 Arbor St Suite104 Omaha NB 68144 | (402)677-9642 | (402)502-2525 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family; | Juvenile Non-Reside | ential Services |
| Mental Health Services: | Outpatient - Individual, Juvenile Non-Residential | Services Outpatient - Co-Occurring Treatment | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | | | | |
| Rossitto-Willets, Andrea | Pando Geriatric Counseling | 11932 Arbor St Suite104 Omaha NB 68144 | (402)677-9642 | (402)502-2525 |
| | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Services Outpatient - Co-Occurring Treatment | Juvenile Non-Reside | ential Services |
| Mental Health Services: | Outs of a state of Theorems and a finish and Manadal Hamilton O | de effect Theorem is challen Ferrille Occión a Mantal Health Octobril | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | , , , | , ,, | | |
| Roth, Jessica | 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 nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | urring |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|--|
| Other Services: | Sliding Fee Scale; | | | |
| Roth, Jessica | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Annt - Individual; Adult Non-Residential Services Outpatient - Co-Oce Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Tre | curring Treatment; Juvenil sidential Services Outpatie | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | Outpatient Therapy including Family Sessions-Mental Health; Outpatient | atient Therapy - Co-occurr | ring |
| Other Services: | Sliding Fee Scale; | | | |
| Salvatore, Christine | | 1320 Galvin Road South Bellevue NB 68005 | (402)292-6006 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Family; Adance Abuse Evaluations; Juvenile Non-Residential Services Outpa | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | Nutrationt Thorony including Family Consists Montal Health, Assa | coment: Co Occurring | |
| | | outpatient Therapy including Family Sessions-Mental Health, Asse | Sament. Co-Occurring | |
| Other Services: | | oupatient Therapy including Family Sessions-Mental Health, Asse | ssifient. Co-Occurring | |
| | | 1320 Galvin Road South Bellevue NB 68005 | (402)292-6006 | |
| Salvatore, Christine | Adult Assessment Services Substance Abuse Ev Individual; Juvenile Assessment Services Substa | | (402)292-6006 Iult Non-Residential Servic | |
| Salvatore, Christine Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | 1320 Galvin Road South Bellevue NB 68005 valuations; Adult Non-Residential Services Outpatient - Family; Adance Abuse Evaluations; Juvenile Non-Residential Services Outpa | (402)292-6006 Iult Non-Residential Servic | |
| Salvatore, Christine Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ex Individual; Juvenile Assessment Services Substa Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment | 1320 Galvin Road South Bellevue NB 68005 valuations; Adult Non-Residential Services Outpatient - Family; Adance Abuse Evaluations; Juvenile Non-Residential Services Outpa | (402)292-6006 Iult Non-Residential Servic Itient - Family; Juvenile No | |
| Salvatore, Christine Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Individual; Juvenile Assessment Services Substa Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | 1320 Galvin Road South Bellevue NB 68005 valuations; Adult Non-Residential Services Outpatient - Family; Adance Abuse Evaluations; Juvenile Non-Residential Services Outpation-psychosocial); Co-Occurring | (402)292-6006 Iult Non-Residential Servic Itient - Family; Juvenile No | |
| Salvatore, Christine Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Ev Individual; Juvenile Assessment Services Substa Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O | 1320 Galvin Road South Bellevue NB 68005 valuations; Adult Non-Residential Services Outpatient - Family; Adance Abuse Evaluations; Juvenile Non-Residential Services Outpation-psychosocial); Co-Occurring | (402)292-6006 Iult Non-Residential Servic Itient - Family; Juvenile No | |
| Salvatore, Christine Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Schnieder, Brian | Adult Assessment Services Substance Abuse Evindividual; Juvenile Assessment Services Substance Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Halo Counseling Center Adult Assessment Services Substance Abuse Evidention Sa/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Services Monitoring Sa/MH; Juvenile Non-Residential Services Monitoring Sa/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Indiv | 1320 Galvin Road South Bellevue NB 68005 valuations; Adult Non-Residential Services Outpatient - Family; Adance Abuse Evaluations; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring outpatient Therapy including Family Sessions-Mental Health; Asse | (402)292-6006 Jult Non-Residential Service atient - Family; Juvenile Note that the service services (402)850-0054 GAdult Non-Residential Sett - Family; Adult Non-Residential Services Intensive Outpatient; Juvenile Non-Resides Outpatient - Family; Juvenile Non-Resides Outpatient - Family; Juvenile; Juven | ervices Care dential Services atient Treatment; dential Services renile Non- |
| Salvatore, Christine Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Schnieder, Brian Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Juvenile Assessment Services Substance Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Halo Counseling Center Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential | 1320 Galvin Road South Bellevue NB 68005 valuations; Adult Non-Residential Services Outpatient - Family; Adance Abuse Evaluations; Juvenile Non-Residential Services Outpatient (bio-psychosocial); Co-Occurring outpatient Therapy including Family Sessions-Mental Health; Asse 8998 L St Suite 110 Omaha NB 68127 valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services outpatient - Co-Occurring Treatmential Services Outpatient - Co-O | (402)292-6006 Jult Non-Residential Service atient - Family; Juvenile Notes at Service Services Intensive Outpassers (402)850-0054 GAdult Non-Residential Set - Family; Adult Non-Resident - Family; Adult Non-Resident Services Intensive Outpassers Outpatient - Family; Juvenile Non-Resides Outpatient - Family; Juvenile; Juveni | ervices Care dential Services atient Treatment; dential Services renile Non- |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|---|---|---|
| Schnieder, Brian | | 8998 L Street, Suite 110 Omaha NB 68127 | (402)850-0054 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Educat nt - Family; Adult Non-Residential Services Outpatient - Indivicervices Substance Abuse Evaluations; Juvenile Non-Resident venile Non-Residential Services Outpatient - Individual; Juveni | dual; Adult Non-Residential S ial Services Intervention/Educ | ervices Outpatient cation; Juvenile |
| 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; O | utpatient Therapy - Co-occurr | ing |
| 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/Educates Outpatient - Groups; Adult Non-Residential Services Outpatrvices Outpatient - Co-Occurring Treatment; Adult Non-Reside Evaluations; Juvenile Non-Residential Services Intervention/Eal Services Outpatient - Groups; Juvenile Non-Residential Servicel Non-Residential Services Outpatient - Co-Occurring Treatment | tient - Family; Adult Non-Resi ntial Services Intensive Outpa ducation; Juvenile Non-Resi vices Outpatient - Family; Juv | dential Services atient Treatment; dential Services enile Non- |
| | | 3 | O. 1 Th O | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Of | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensi | ve Outpatient Therapy-Co-oc | curring |
| Other Services: | | | | |
| Schnieder, Brian | | 8998 L Street, Suite 110 Omaha NB 68127 | (402)850-0054 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Educat nt - Family; Adult Non-Residential Services Outpatient - Individ ervices Substance Abuse Evaluations; Juvenile Non-Resident venile Non-Residential Services Outpatient - Individual; Juveni | dual; Adult Non-Residential S ial Services Intervention/Educ | ervices Outpatient cation; Juvenile |
| 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; O | utpatient Therapy - Co-occurr | ing |
| Other Services: | | | | |
| Schrum, Amanda | Schrum Associates | PO Box 588 Blair NB 68008 | (402)619-9686 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res | aluations; Adult Non-Residential Services Intervention/Educat nt - Individual; Adult Non-Residential Services Intensive Outpa idential Services Intervention/Education; Juvenile Non-Reside mile Non-Residential Services Intensive Outpatient Treatment | atient Treatment; Juvenile Ass | sessment Services |

Mental Health Services:

Mental Health Services: Pre-Treatment Assessment (bio-psychosocial)

including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|--|---|--|-------------------|
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Schrum, Amanda | Schrum Associates | PO Box 588 Blair NB 68008 | (402)619-9686 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Substance Abuse Evaluations; Juvenile Non-Resi | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient Tridential Services Intervention/Education; Juvenile Non-Residential Senile Non-Residential Services Intensive Outpatient Treatment | eatment; Juvenile As | sessment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| 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 - Individual; Juvvices Outpatient - Groups; Juvenile Non-Residential Services Outpatisidential Services Outpatient - Co-Occurring Treatment | | |
| | 3 | tpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outp | atient 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: | Abuse Evaluations; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Outpatient - Individual; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outpati sidential Services Outpatient - Co-Occurring Treatment | | |
| Mental Health Services: | Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Assessment: Co-Occurring | tpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outp | eatient Therapy-Co-oc | curring; |
| 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 Outpat Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nient - Co-Occurring Treatment; Juvenile Assessment Services Substantie Non-Residential Services Outpatient - Groups; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ance Abuse Evaluatio sidential Services Out | ns; Juvenile Non- |

Juvenile Services: Out-Of-Home Shelter Care; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy

| Name | Agency | Address | 5 | Phone | Fax |
|---------------------------|---|--|--|---|--|
| Other Services: | Sliding Fee Scale; | | | | |
| Sextro, Karla | Child Saving Institute | 4545 Dodge Street Omaha NB 68 | 132 | (402)553-6000 | (402)553-2428 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In | tient - Co-Occurring Treatment; Juvenile enile Non-Residential Services Outpatien | Assessment Services Substa t - Groups; Juvenile Non-Res | ance Abuse Evaluationsidential Services Ou | ons; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | | |
| | Out-Of-Home Shelter Care; Outpatient Therapy - including Family Sessions-Mental Health; Outpati | | rapy including Group Sessio | ns-Mental Health; Ou | utpatient Therapy |
| Other Services: | Sliding Fee Scale; | | | | |
| Sharma, Varun | Univ of Nebraska Omaha | 985575 Nebraska Medical Center | Omaha NB 68198 | (402)552-6002 | |
| Mental Health Services: | Juvenile Assessment Services Substance Abuse Assessment: Outpatient Psychiatric Evaluation; A | | | | |
| Sharma, Varun | Univ of Nebraska Omaha | 985575 Nebraska Medical Center | Omaha NB 68198 | (402)552-6002 | |
| Mental Health Services: | Juvenile Assessment Services Substance Abuse Assessment: Outpatient Psychiatric Evaluation; A | | | | |
| Sheffield, Carol | Carol Sheffield Counseling Services, LLC | 919 Galvin Rd S, Suite A Bellevue | NB 68005 | (402)276-2064 | |
| Mental Health Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment; Juvenile Non-Residential Services Int Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy - Individual-Mental Health; Int | tient - Co-Occurring Treatment; Juvenile e Non-Residential Services Outpatient - I ensive Outpatient Treatment essment (PTA); Juvenile Co-Occurring E | Assessment Services Substandividual; Juvenile Non-Resivaluation (C/O); Pre-Treatme | ance Abuse Evaluation dential Services Outp ent Assessment (bio-p | ons; Juvenile Non- patient - Co-Occurring osychosocial); Co- |
| Other Services: | (Medicaid) | 2 s.panom monoro outputone | g, , 10000 | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|------------------------------------|--|--|--|--------------------|
| 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 Outpat | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N ensive Outpatient Treatment | es Substance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- | -Treatment Assessment (bio-p | sychosocial); Co- |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ind (Medicaid) | tensive Outpatient: Intensive Outpatient Therapy-Co-occurrin | g; Assessment: Pre-Treatmer | t Assessment |
| Siemer-Daisley, 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/Educa nt - Individual; Adult Non-Residential Services Outpatient - Co Non-Residential Services Intervention/Education; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co- | o-Occurring Treatment; Juveni Ion-Residential Services Outp | le Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- | -Treatment Assessment (bio-p | sychosocial); Co- |
| Juvenile Services: | 3 | utpatient Therapy including Family Sessions-Mental Health; (ent: Co-Occurring | Outpatient Therapy - Co-occur | ring; Assessment: |
| Other Services: | (, | | | |
| Siemer-Daisley, 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/Educant - Individual; Adult Non-Residential Services Outpatient - Co-Non-Residential Services Intervention/Education; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-O- | o-Occurring Treatment; Juveni Ion-Residential Services Outp | le Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- | -Treatment Assessment (bio-p | esychosocial); Co- |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Cent: Co-Occurring | Outpatient Therapy - Co-occur | ring; Assessment: |
| Other Services: | | - - | | |
| | | | | |

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

Juvenile Services: Outpatient Therapy - Individual-Mental Health; Assessment: Co-Occurring

Other Services:

(Medicaid)

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|-------------------------------------|
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse B | Evaluations | |
| 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: | | | | |
| Smith, Kaitlyn | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)677-7442 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | | vidual; Adult Non-Residential S ntial Services Intervention/Edu | ervices Outpatient cation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; C g; Assessment: Co-Occurring | Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | | | | |
| Smith, Kaitlyn | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)677-7442 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Educant - Family; Adult Non-Residential Services Outpatient - Indivervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Occurring Treatment | vidual; Adult Non-Residential S ntial Services Intervention/Edu | ervices Outpatient cation; Juvenile |
| 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 | utpatient Therapy including Group Sessions-Mental Health; C g: Assessment: Co-Occurring | Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | | Ç | | |
| 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 | aluations; Adult Non-Residential Services Intervention/Educant - Family; Adult Non-Residential Services Outpatient - Indivervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile O-Occurring Treatment | vidual; Adult Non-Residential S ntial Services Intervention/Edu | ervices Outpatient cation; Juvenile |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre | -Treatment Assessment (bio-p | sychosocial); Co- |
| 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; Outpatier nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; | nt Therapy - Co-occurring; Inte | nsive Outpatient: |

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Amanan | Address | Dhans | Fave | |
|--|--|--|--|--|--|
| Name | Agency | Address | Phone | Fax | |
| Other Services: | Sliding Fee Scale; Bilingual 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 | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro- o-Occurring Treatment | dult Non-Residential svices Intervention/Edu | Services Outpatient acation; Juvenile | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio- | osychosocial); Co- | |
| Juvenile Services: | Decuming 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: | Sliding Fee Scale; Bilingual Services; | | | | |
| Soriano, David | Integral Care, LLC | 1941 South 42nd Street Suite 107 Omaha NB 68105 | (402)515-9815 | | |
| | Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Services Outpatient - Co-Occurring Treatment | Juvenile Non-Reside | ntial Services | |
| Mental Health Services: | | utnotiont Thorony including Family Consists Montal Hoolthy Outnotic | nt Thorony Co coo | **i~ a | |
| | Bilingual Services; | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | ming | |
| Soriano, David | Integral Care, LLC | 1941 South 42nd Street Suite 107 Omaha NB 68105 | (402)515-9815 | | |
| Substance Abuse Services: Mental Health Services: | Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Services Outpatient - Co-Occurring Treatment | Juvenile Non-Reside | ntial Services | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | rring | |
| Other Services: | Bilingual Services; | | | | |
| Steinke, Barbara | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)444-3787 | | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Services Outpatient - Co-Occurring Treatment | Juvenile Non-Reside | ntial Services | |
| Mental Health Services: | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | rring; Assessment: | |

Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--------------------|
| Steinke, Barbara | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)444-3787 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Family | ; Juvenile Non-Reside | ntial Services |
| Mental Health Services: | Outpatient - Individual; Juvenile Non-Residential | Services Outpatient - Co-Occurring Treatment | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpation tent: Co-Occurring | ent Therapy - Co-occu | rring; Assessment: |
| Other Services: | | 3 | | |
| Stevenson, Sandy | Define U LLC | 2208 Lucille Dr Bellevue NB 68147 | (402)715-0296 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | ring Treatment; Juver ential Services Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Of 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; | | | |
| Stevenson, Sandy | Define U LLC | 2208 Lucille Dr Bellevue NB 68147 | (402)715-0296 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | ring Treatment; Juver ential Services Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Office 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; | • | | |
| Stewart, Donna | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-7900 | (402)498-3375 |
| | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluati | ions | |
| Mental Health Services: | | | | |

Juvenile Services: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation

Other Services: Hearing Impaired; Bilingual Services;

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Stewart, Donna | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-7900 | (402)498-3375 |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological | ogical Evaluation | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Stewart, Victoria | | 9601 S 28th St Bellevue NB 68147 | (402)598-7719 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Family; Adult I ient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Family; Juvenile Non-Resideo-Occurring Treatment; Juvenile Non-Residential Services Intensive | ance Abuse Evaluati ential Services Outpa | ons; Juvenile Non- atient - Individual; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental I (MSE); Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr | nt Therapy - Co-occuing; Assessment: Me | urring; Intensive ental Status Exam |
| Other Services: | (-), | | | |
| Stewart, Victoria | | 9601 S 28th St Bellevue NB 68147 | (402)598-7719 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Family; Adult I ient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Family; Juvenile Non-Resideo-Occurring Treatment; Juvenile Non-Residential Services Intensive | ance Abuse Evaluat ential Services Outpa | ons; Juvenile Non- atient - Individual; |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr | | |
| Other Services: | (MOL), Assessment. Co-occurring | | | |
| Stoeger, Anna | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-5161 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Adient - Co-Occurring Treatment; Juvenile Assessment Services Substenile Non-Residential Services Outpatient - Individual; Juvenile Non-F | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---------------------|
| Stoeger, Anna | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-5161 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Intervention/Education; A tient - Co-Occurring Treatment; Juvenile Assessment Services Subsenile Non-Residential Services Outpatient - Individual; Juvenile Non- | stance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Stoller, Christina | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-3379 | (402)498-3375 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurri | rring Treatment; Juve sidential Services Out | nile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Stoller, Christina | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-3379 | (402)498-3375 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occure Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring | rring Treatment; Juve sidential Services Out | nile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Sullivan, Robin | Douglas County Community Mental Health Center | 1709 Jackson Street Omaha NB 68102 | (402)686-6947 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adul ices Substance Abuse Evaluations; Juvenile Non-Residential Servic | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Sullivan, Robin | Douglas County Community Mental Health Center | 1709 Jackson Street Omaha NB 68102 | (402)686-6947 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ces Substance Abuse Evaluations; Juvenile Non-Residential Servic | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Talbott, Kira | | 12020 Shamrock Plz Omaha NB 68154 | (402)850-7200 | |
| Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | nt - Family; Adult Non-Residential Services Outpatient - Individual; A iervices Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | ices Substance Abuse I on-Residential Services | Evaluations; Juvenile S Outpatient - Family |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Talbott, Kira | | 12020 Shamrock Plz Omaha NB 68154 | (402)850-7200 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel 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; Asservices Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile Ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential S ices Substance Abuse I on-Residential Services | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: | The state of the s | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Tamayo, Kelly Complete Behavioral Health 4565 S 133rd St Omaha NB 68137

(402)590-2947 (402)590-2030

Substance Abuse Services: 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 - Family: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; 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: Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam

(MSE); Assessment: Psychological Evaluation

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Residential Services Extended Residential; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Tamayo, Kelly | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non- | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier nent 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 N tient - Co-Occurring Treatment; Juvenile Assessment Services Substa e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluat | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | t Therapy - Co-occu | ırring; 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 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 | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Oo | ccurring | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier lent: Mental Status Exam (MSE); Assessment: Co-Occurring | t Therapy - Co-occu | ırring; Assessment: |
| Other Services: | , | , <i>,</i> , | | |
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Residential Services D | lult Non-Residential | Services Outpatient - |

- Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile

Mental Health Services: Juvenile Services:

| Name | Agency | Address | Phone | Fax |
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| | • | ing Treatment; Juvenile Non-Residential Services Intensive Outpatier | nt Treatment | |
| | 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 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Residential Services Desidential Services Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile - Individual; Juvenile Non-Residential Services Outpatient - Covent | dult Non-Residential S rual Residential (MH/S services Substance Ab renile Non-Residential | ervices Outpatient - A); Adult ouse Evaluations; Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Troia, Trisha | | 1406 Veterans Drive Elkhorn NB 68022 | (402)290-0543 | |
| | Abuse Evaluations; Juvenile Non-Residential Ser | · | enile Assessment Ser | vices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | , , , | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including Fa | amily Sessions- |
| Other Services: | | | | |
| Troia, Trisha | | 1406 Veterans Drive Elkhorn NB 68022 | (402)290-0543 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Juv | enile Assessment Ser | vices Substance |
| Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment | • | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including Fa | amily Sessions- |
| Other Services: | Wertai Frediti, Outpatient Frierapy Oo occurring | 9 | | |
| Tucker, Mildred | Cultivating Paths Counseling, LLC | 1941 S 42nd St Suite 307 Omaha NB 68105-2939 | (402)979-8350 (| (888)490-0210 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Services Pon-Residential Services Outpatient - Individual | dult Non-Residential S | ervices Intensive |
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| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Tucker, Mildred | Cultivating Paths Counseling, LLC | 1941 S 42nd St Suite 307 Omaha NB 68105-2939 | (402)979-8350 | (888)490-0210 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Individual | lult Non-Residential | Services Intensive |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Tucker, Yasmin | Creative Counseling and Studio LLC | 11605 W Dodge Rd Suite 4 Omaha NB 68154 | (402)513-3541 | (402)599-2356 |
| Substance Abuse Services: Mental Health Services: | Juvenile Assessment Services Substance Abuse Outpatient - Co-Occurring Treatment | Evaluations; Juvenile Non-Residential Services Outpatient - Individua | al; Juvenile Non-Res | sidential Services |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Tucker, Yasmin | Creative Counseling and Studio LLC | 11605 W Dodge Rd Suite 4 Omaha NB 68154 | (402)513-3541 | (402)599-2356 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Co-Occurring Treatment | Evaluations; Juvenile Non-Residential Services Outpatient - Individua | al; Juvenile Non-Res | sidential Services |
| Mental Health Services: | · | | | |
| 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 Outpatier 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; Adiervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring bio-psychosocial); Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient: Intensive Outpatient Therapy-Mental H Assessment (Medicaid); Assessment: Mental Stat | utpatient Therapy including Family Sessions-Mental Health; Outpatier Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurritus Exam (MSE); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | - | | |

Mental Health Services: Outpatient Therapy

Other Services:

Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring

| Name | Agency | Address | Phone | Fax |
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| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Intensive Outpatient Treatment; Juvenile Assessment Service 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 |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Assessment (Medicaid); Assessment: Mental Sta | utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr | | |
| Vitera, Brianna | Sliding Fee Scale; Bilingual Services; Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (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 t - 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; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Oc Co-Occurring; Non-Treatment: Intensive Family F | utpatient Therapy including Family Sessions-Mental Health; Outpatien Preservation | nt Therapy - Co-occu | urring; Assessment: |
| Other Services. | | | | |
| Vitera, Brianna | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (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 t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; 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 | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring; Non-Treatment: Intensive Family F | utpatient Therapy including Family Sessions-Mental Health; Outpatier reservation | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | | | | |
| Voss, Stephanie R | | 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 | (402)650-5250 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Co-Occurring idential Services Outpatient - Co-Occurring Treatment | Treatment; Juvenile | Assessment Services |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 | raluations; Adult Non-Residential Services Outpatient - Co-Occurring sidential Services Outpatient - Co-Occurring Treatment | g Treatment; Juvenile As | ssessment Service |
| Mental Health Services: | | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |
| Walker, Jamie | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)709-1886 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | raluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual; Juvenile Non-Re | e Abuse Evaluations; Ju | venile Non- |
| | Treatment | | | iorro o arpationi |
| Mental Health Services: | | | | orro Garpanorii |
| Mental Health Services: Juvenile Services: | | | | ovo Cupatoni |
| | | , , , , , , , , , , , , , , , , , , , | | oro Guipanom |
| Juvenile Services: | | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)709-1886 | oro Supuloni |
| Juvenile Services: Other Services: Walker, Jamie | Bailey Counseling Services Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi | · | (402)709-1886 ult Non-Residential Servi e Abuse Evaluations; Ju | ces Outpatient - venile Non- |
| Juvenile Services: Other Services: Walker, Jamie | Bailey Counseling Services Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | 1941 South 42nd Street Suite 538 Omaha NB 68105 raluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance | (402)709-1886 ult Non-Residential Servi e Abuse Evaluations; Ju | ces Outpatient - venile Non- |
| Juvenile Services: Other Services: Nalker, Jamie Substance Abuse Services: | Bailey Counseling Services Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | 1941 South 42nd Street Suite 538 Omaha NB 68105 raluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance | (402)709-1886 ult Non-Residential Servi e Abuse Evaluations; Ju | ces Outpatient - venile Non- |
| Juvenile Services: Other Services: Walker, Jamie Substance Abuse Services: Mental Health Services: | Bailey Counseling Services Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | 1941 South 42nd Street Suite 538 Omaha NB 68105 raluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance | (402)709-1886 ult Non-Residential Servi e Abuse Evaluations; Ju | ces Outpatient - venile Non- |

Mental Health Services:

Juvenile Services: Non-Treatment: Anger Management Class

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| Walker, Linda | Family Connections, LLC | 500 Willow St Suite 300 Council Bluffs IA 51503 | (712)256-4420 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Intervention/Educativices Outpatient - Individual; Juvenile Non-Residential Services In | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Walker-Vinal, Kristin | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)686-9856 | |
| 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; Ass Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services onlie Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Resi Services Intensive Outpo tion; Juvenile Non-Resi Outpatient - Family; Juv | dential Services atient Treatment; dential Services |
| 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; Outpati :: Assessment: Co-Occurring | ent Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | ,, <u> </u> | | |
| Walker-Vinal, Kristin | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)686-9856 | |
| 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; Associated Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educated Services Outpatient - Groups; Juvenile Non-Residential Services outpatient - Co-Occurring Treatment of the Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Resi Services Intensive Outpa tion; Juvenile Non-Resi Outpatient - Family; Juv | dential Services atient Treatment; dential Services |
| 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; Outpati | ent Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | , g | | |
| Wells, Amanda | Along the Willowed Path, P.C. | 11635 Arbor Street STE 110 Omaha NB 68144 | (402)660-9687 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Individual; Juvenile Non-Res | rring Treatment; Juvenil | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Addr | ess | Phone | Fax | |
|---------------------------------------|--|--|---|--|--|--|
| Juvenile Services: Other Services: | | tpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | | | | |
| Wells, Amanda | Along the Willowed Path, P.C. | 11635 Arbor Street STE 110 C | Omaha NB 68144 | (402)660-9687 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Treatment | nt - Individual; Adult Non-Residential | Services Outpatient - Co-Occurr | ing Treatment; Juve | nile Assessment | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | 1 11 0 1 | essions-Mental Health; Outpatie | nt Therapy including | Family Sessions- | |
| Other Services: | | | | | | |
| Wengert, Owen | Lutheran Family Services of NE Inc | 2401 Lake St | Omaha NB 68111 | (402)455-9757 | (402)455-0333 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa Co-Occurring Treatment; Juvenile Non-Residential | nt - Individual; Adult Non-Residential e Assessment Services Substance A amily; Juvenile Non-Residential Serv | Services Outpatient - Co-Occurr buse Evaluations; Juvenile Non- rices Outpatient - Individual; Juve | ring Treatment; Adult -Residential Services | : Non-Residential s Outpatient - Groups | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | | | | | | |
| | Sliding Fee Scale; | | | | | |
| Wengert, Owen | Lutheran Family Services of NE Inc | 2401 Lake St | Omaha NB 68111 | (402)455-9757 | (402)455-0333 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa Co-Occurring Treatment; Juvenile Non-Residential | nt - Individual; Adult Non-Residential e Assessment Services Substance A amily; Juvenile Non-Residential Serv | Services Outpatient - Co-Occurr buse Evaluations; Juvenile Non- rices Outpatient - Individual; Juve | ring Treatment; Adulti-Residential Services | : Non-Residential s Outpatient - Groups | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | | | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| 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; int - Family; Adult Non-Residential Services Outpatient - Individual services Substance Abuse Evaluations; Juvenile Non-Residential suvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | ; Adult Non-Residential Services Intervention/Ed | Services Outpatient - ucation; 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; Outpa g; Assessment: Co-Occurring | tient Therapy including | Family Sessions- |
| 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; ent - Family; Adult Non-Residential Services Outpatient - Individual services Substance Abuse Evaluations; Juvenile Non-Residential Suvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | ; Adult Non-Residential Services Intervention/Ed | Services Outpatient - ucation; 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; Outpa g; Assessment: Co-Occurring | tient Therapy including | Family Sessions- |
| 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; Juvenile Non-Residential Services Outpatient - C | | ; Adult Non-Residential Services Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpa ent: Mental Status Exam (MSE); Assessment: Co-Occurring | atient Therapy - Co-occu | ırrıng; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| 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 | raluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individual ervices Substance Abuse Evaluations; Juvenile Non-Residential Suvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | ; Adult Non-Residential Services Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpa | atient Therapy - Co-occu | ırring; |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---------------------|---------------------|
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu | ırring | |
| Other Services: | Sliding Fee Scale; | | | |
| Wiles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatier | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Wiles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Individual; Juvenile Assessment Services Substant Services Outpatient - Individual Outpatient Therapy | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatier | | |
| Williams, Ann | Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult ient - Co-Occurring Treatment; Juvenile Assessment Services Substance 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); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | ,, | 3 | | |
| Williams, Ann | Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult ient - Co-Occurring Treatment; Juvenile Assessment Services Substantial 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; Ou Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|-----------------------|----------------------|
| Williams-Russell, Kendra | | P.O. Box 271046 Ralston NB 68127 | (531)215-9726 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nonce Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Williams-Russell, Kendra | | P.O. Box 271046 Ralston NB 68127 | (531)215-9726 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nonee Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| Mental Health Services: | · | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Wolff, Megan | Megan Wolff Counseling | 11605 West Dodge Road Suite 4 Omaha NB 68154-2566 | (531)225-7017 | (531)999-2356 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult at - Individual; Adult Non-Residential Services Outpatient - Co-Occurri dential Services Outpatient - Family; Juvenile Non-Residential Service reatment | ng Treatment; Juver | nile Non-Residential |
| 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 ; Assessment: Co-Occurring | t Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | • | | |
| Wolff, Megan | Megan Wolff Counseling | 11605 West Dodge Road Suite 4 Omaha NB 68154-2566 | (531)225-7017 | (531)999-2356 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri dential Services Outpatient - Family; Juvenile Non-Residential Service reatment | ng Treatment; Juver | nile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | - | | |

Other Services:

| | | | | 1 |
|---------------------------|--|---|----------------------|--------------------|
| Name | Agency | Address | Phone | Fax |
| Zoucha, Kenneth | UNMC Physicians Corporation | 4239 Farnam St #710 Omaha NB 68131 | (402)552-6002 | (402)552-6773 |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Intervention/Education Services Outpatient - Individual; Juvenile Non-Residential Services | | |
| Mental Health Services: | Medication Evaluation | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Medication Management; Assessment: Co-Occur | aid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Merring | ntal Status Exam (M | SE); Assessment: |
| Other Services: | Bilingual Services; | | | |
| Zoucha, Kenneth | UNMC Physicians Corporation | 4239 Farnam St #710 Omaha NB 68131 | (402)552-6002 | (402)552-6773 |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Intervention/Educational Services Outpatient - Individual; Juvenile Non-Residential Services | | |
| Mental Health Services: | Medication Evaluation | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Medication Management; Assessment: Co-Occur | aid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Merring | ntal Status Exam (M | SE); Assessment: |
| Other Services: | Bilingual Services; | | | |
| Zueter, Kimberly | | 5087 S 106th St Omaha NB 68127 | (402)630-7560 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nitent - Co-Occurring Treatment; Juvenile Assessment Services Substate Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services | ance Abuse Evaluati | ons; 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 | rring; 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; Adult N tient - Co-Occurring Treatment; Juvenile Assessment Services Substa e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluati | ons; Juvenile Non- |
| | 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 | rring; Assessment: |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------------|---|---|--|--|
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Residential Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Inc | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | lult Non-Residential les Partial Care; Ad Substance Abuse I n-Residential Servic g Treatment; Juveni | Services Outpatient - ult Residential Evaluations; Juvenile es Outpatient - Family ile Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Leibbrandt, Vicky | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatier Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fa | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpatient - Individual Freatment: General Education Class; Non-Treatment: Family Support | venile Assessment atient - Groups; Ju | Services Substance |
| McPherson, Trina | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpential Services Outpatient - Individual | venile Assessment | Services Substance |
| Other Services: | | | | |
| Other Services: Osborne, Rhonda | Region II- Human Services | 401 West 1st Street Ogallala NB 69153 | (308)284-6767 | |

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: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax | | |
|----------------------|--|--|---------------|---------------|--|--|
| Other Services: | Exam (MSE); Assessment: Co-Occurring Sliding Fee Scale; | | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 Outpatient Therapy: Pre-Treatment Assessment (hip-psychosocial): Co-Occurring: Adults who Sexually Harm Evaluation: Psychological Evaluation | | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment | Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation Outpatient Therapy - 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 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 | | | | |

Registered Service Providers for County: Fillmore

| Name | Agency | | Address | Phone | Fax |
|---------------------------|--|--|---|--|---|
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Linco | oln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile | nt - Family; Adult Non-R Services Intensive Outpa ntial Services Short Ter Juvenile Non-Residenti dividual; Juvenile Non-F | esidential Services Outpatient - Individual; Ac atient Treatment; Adult Non-Residential Servic m Residential; Juvenile Assessment Services al Services Outpatient - Groups; Juvenile Nor Residential Services Outpatient - Co-Occurring | dult Non-Residential S ses Partial Care; Adult Substance Abuse Ev n-Residential Services g Treatment; Juvenile | ervices Outpatient - Residential aluations; Juvenile Outpatient - Family; Non-Residential |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Bilingual Services; | | | | |
| Jones, Erika | | 822 N. Lincoln Ave. | York NB 68467 | (402)532-1329 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev- Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | t - Individual; Adult Non Non-Residential Servic | -Residential Services Outpatient - Co-Occurri es Intervention/Education; Juvenile Non-Resid | ng Treatment; Juvenil dential Services Outpa | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-C | Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy includ | ing Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occur | ing; Assessment: |
| Other Services: | Ç | | | | |
| Lewallen, Lori | Blue Valley Behavioral Health | 3901 Normal Blvd # | 201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| | 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 (| nt - Family; Adult Non-R Services Intensive Outpa Juvenile Non-Residenti dividual; Juvenile Non-F | desidential Services Outpatient - Individual; Actient Treatment; Juvenile Assessment Service al Services Outpatient - Groups; Juvenile Nor Residential Services Outpatient - Co-Occurring | lult Non-Residential S es Substance Abuse I n-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family; |
| | Non-Treatment: Anger Management Class; Outpatient in Anger Management in A | , | • | a Group Sossions Ma | ontal Haalth: |
| Juvernie Services. | Outpatient Therapy including Family Sessions-Me Occurring | | | | |
| Other Services: | - | | | | |

Registered Service Providers for County: Fillmore

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Service | 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; Outpatient I | Therapy including I | Family 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 Outpat Assessment Services Substance Abuse Evaluation | | sive Outpatient Treat ile Non-Residential S | tment; Juvenile Services Outpatient - |
| | Non-Treatment: Anger Management Class; Outpartient Therapy - Eating Disorder; Outpatient Outpatient: Intensive Outpatient- Eating Disorder; | atient Therapy - Individual-Mental Health; Outpatient Therapy including Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient The Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assistation; Assessment: Mental Status Exam (MSE) | erapy-Mental Health | h; Intensive |
| Other Services: | Sliding Fee Scale; | , | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 Noutpatient Treatment; Juvenile Assessment Services Substance Ae Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on; Psychological Ev | valuation |
| | 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; Outpatient Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatiert Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | nt: Intensive Outpati | ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |

Registered Service Providers for County: Fillmore

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|--|--|-------------------------|------------------|--|--|
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Intervention/Education; tient - Co-Occurring Treatment; Juvenile Assessment Services Su enile Non-Residential Services Outpatient - Co-Occurring Treatme | ıbstance Abuse Evalua | | | |
| Mental Health Services: | | on the state of th | | | | |
| Juvenile Services: | | | | | | |
| 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; Juvenile Non-Residential Services Outpatient - C | dult 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 o-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile on-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Individual Juvenile Non-Residential Services Outpatient - Co-Occurring Individual Juvenile Non-Residential Services Outpatient - Individual Juvenile Non-Residential Services O | | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpa | tient Therapy including | Family Sessions- | | |
| Other Services: | Sliding Fee Scale; | | | | | |

Registered Service Providers for County: Franklin

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|--|--|---|---|
| Ingram, Chastity | Center Creek Counseling | 775 31 Rd Franklin NB 68939 | (308)425-3167 | (308)425-3167 |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Family; Adult ervention/Education; Juvenile Non-Residential Services Outpatie | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| | Co-Occurring Treatment, Adult Non-Residential | ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Adult Non-Residential Services Short Torm Residential, Investiga Assessment Services | Services Partial Care; Ad | ult Residential |
| | Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Juvenil | ritial Services Short Ferri Residential, Juverlile Assessment Services (Structure); Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occile Non-Residential Services Partial Care; Juvenile Residential Partial Pa | e Non-Residential Servic urring Treatment; Juven | es Outpatient - Fami ile Non-Residential |
| Mental Health Services: | Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Juvenil | r; Juvenile Non-Residential Services Outpatient - Groups; Juvenilondividual; Juvenile Non-Residential Services Outpatient - Co-Occ | e Non-Residential Servic urring Treatment; Juven | es Outpatient - Fami ile Non-Residential |
| Juvenile Services: | Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenil | r; Juvenile Non-Residential Services Outpatient - Groups; Juvenilondividual; Juvenile Non-Residential Services Outpatient - Co-Occ | e Non-Residential Servic urring Treatment; Juven | es Outpatient - Fami ile Non-Residential |
| Juvenile Services: | Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Juvenil | r; Juvenile Non-Residential Services Outpatient - Groups; Juvenilondividual; Juvenile Non-Residential Services Outpatient - Co-Occ | e Non-Residential Servic urring Treatment; Juven | es Outpatient - Fami ile Non-Residential |
| Juvenile Services: | Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenil | r; Juvenile Non-Residential Services Outpatient - Groups; Juvenilondividual; Juvenile Non-Residential Services Outpatient - Co-Occ | e Non-Residential Servic urring Treatment; Juven | es Outpatient - Fami ile Non-Residential |
| Juvenile Services: Other Services: Klein, Candance | Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Juvenil Bilingual Services; CK Counseling Adult Assessment Services Substance Abuse Eventiles, Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juveniles | r; Juvenile Non-Residential Services Outpatient - Groups; Juvenilondividual; Juvenile Non-Residential Services Outpatient - Co-Occile Non-Residential Services Partial Care; Juvenile Residential Se | e Non-Residential Servic urring Treatment; Juven rvices Short Term Resid (308)991-3123 dult Non-Residential Se curring Treatment; Juve sidential Services Outpa | es Outpatient - Famile Non-Residential ential (308)455-6242 rvices Outpatient - Inile Assessment |
| Juvenile Services: Other Services: Klein, Candance Substance Abuse Services: | Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Juvenil Bilingual Services; CK Counseling Adult Assessment Services Substance Abuse Eventiles, Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juveniles | g; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occile Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occile Non-Residential Services Outpatient - Co-Occurring Treesidential Services Outpat | e Non-Residential Servic urring Treatment; Juven rvices Short Term Resid (308)991-3123 dult Non-Residential Se curring Treatment; Juve sidential Services Outpa | es Outpatient - Famile Non-Residential ential (308)455-6242 rvices Outpatient - Inile Assessment |
| Juvenile Services: Other Services: Klein, Candance Substance Abuse Services: Mental Health Services: | Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Juvenil Bilingual Services; CK Counseling Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | g; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occile Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occile Non-Residential Services Outpatient - Co-Occurring Treesidential Services Outpat | e Non-Residential Servicurring Treatment; Juven rvices Short Term Residential Securring Treatment; Juven rvices Short Term Residential Securring Treatment; Juven sidential Services Outpatent attent Therapy including lth; Intensive Outpatient | es Outpatient - Famile Non-Residential ential (308)455-6242 rvices Outpatient - nile Assessment tient - Family; Juven |
| Juvenile Services: Other Services: Klein, Candance Substance Abuse Services: Mental Health Services: | Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment; Juvenil Bilingual Services; CK Counseling Adult Assessment Services Substance Abuse Eveniles Services Outpatient Services Outpatient Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Office Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatment | at Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occide Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occide Juvenile Non-Residential Services Outpatient - Co-Occurring Transport (bio-psychosocial); Co-Occurring Outpatient Therapy including Group Sessions-Mental Health; Outpatign Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Outpatient Outpatient: Intensive Outpatient Therapy-Mental Health; Outpatient Therapy-Mental Health; Outpatient Outpatient: Intensive Outpatient Therapy-Mental Health; Outpatient Therapy-Mental He | e Non-Residential Servicurring Treatment; Juven rvices Short Term Residential Securring Treatment; Juven rvices Short Term Residential Securring Treatment; Juven sidential Services Outpatent attent Therapy including lth; Intensive Outpatient | es Outpatient - Famile Non-Residential ential (308)455-6242 rvices Outpatient - nile Assessment tient - Family; Juven |

Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual

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

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Registered Service Providers for County: Franklin

| Name | Agency | Address | Phone | Fax | | |
|-------------------------|--|--|--|--|--|--|
| | outpatient Therapy-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: sychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring liding 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/MF Family; Juvenile Non-Residential Services Outpat | | ual; Adult Non-Residential S al Services Intervention/Edu nile Non-Residential Service | ervices Outpatient cation; 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; Ou | 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 | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individu | | | | |
| | Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | al Services Intervention/Edu | cation; Juvenile | | |
| Mental Health Services: | Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co Outpatient Therapy; Pre-Treatment Assessment | uvenile Non-Residential Services Outpatient - Family; Juvenile No-Occurring Treatment | al Services Intervention/Educ Non-Residential Services Ou | cation; Juvenile utpatient - Individu | | |

Registered Service Providers for County: Frontier

| 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 | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential 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; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| 7. | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Intervices Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | lult Non-Residential ses Partial Care; Adu Substance Abuse En-Residential Service Treatment; Juvenile | Services Outpatient - It Residential valuations; Juvenile s Outpatient - Family; e Non-Residential | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Bilingual Services; | | | | |
| Leibbrandt, Vicky | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpatient - Individual | venile Assessment S | Services Substance | |
| Mental Health Services: | , | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Non-Treatment: Family Support | Worker | | |
| Other Services: | | | | | |

Registered Service Providers for County: Frontier

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|-----------------------|--------------------|
| McPherson, Trina | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpential Services Outpatient - Individual | venile Assessment | Services Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 | Juvenile Non- |
| 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: Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | nt: Intensive Outpati | ent Therapy-Youth |
| Other Services: | Sliding Fee Scale; | - | | |

Other Services:

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|---|---------------|---------------|--|
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | |
| 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 - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential | | | | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Bilingual Services; | | | | |
| Klein, Candance | CK Counseling | 318 Tilden St Holdrege NB 68949 | (308)991-3123 | (308)455-6242 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | | | |
| Other Services: | | | | | |
| Leibbrandt, Vicky | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 | |
| 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 - Individual; 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 | | | | |
| Mental Health Services: | · | · | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Non-Treatment: Family Support | Worker | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| McPherson, Trina | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Jrvices Intervention/Education; Juvenile Non-Residential Services Outdential Services Outdential Services Outdential Services Outpatient - Individual | uvenile Assessment | Services Substance |
| Mental Health Services: | | · | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 Evalua | Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatit Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring | ent: Intensive Outpat | 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 | raluations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Acervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Not-Residential Services Outpatient - Groups; Juvenile Notitient - Individual | dult Non-Residential vices Intervention/Ed | Services Outpatient ducation; Juvenile |
| Mental Health Services: | • | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | Occurring | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|--|--|---|--|
| Bonebright, Lori | Recovery Center | 3200 O St Ste 5 Lincoln NB 68510 | (402)742-9616 | (402)742-9116 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; A vices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - | dult Non-Residential es Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | Evening Reporting | | |
| Other Services: | Sliding Fee Scale; | | | |
| Fry, Jennifer | | 7410 South 33 Street Lincoln NB 68516 | (402)975-2289 | (402)975-2287 |
| Substance Abuse Services: 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 | 8 | dult Non-Residential vices Intervention/Ec | Services Outpatient lucation; Juvenile |
| | Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpation Sexually Harm Risk Assessment; Assessment: Co-Occurring | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - | ult Non-Residential study to Non-Residential vices Intervention/Ecesidential Services (| Services Outpatient - Services Outpatient lucation; Juvenile Outpatient - Individua |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | ccurring; Psycholog | cal Evaluation |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: rring | | |
| Other Services: | T Sychological Evaluation, Addessinent. Co Cood | ·····g | | |
| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St Beatrice NB 68310 | (402)228-3386 | |
| Substance Abuse Services: | 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; Adult Non-Residential Services Outpatient - Groups; Occurring Treatment of the Control of Treatment of the Control of Treatment of the Control of Treatment | ing Treatment; Juve ntial Services Outpa | nile Assessment |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
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Mental Health Services:

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

Mental Health

Other Services: Sliding Fee Scale;

Johnson, Jill Bryan Independence Center 1640 Lake St. Lincoln NB 68501 (402)481-5392

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment: Juvenile Non-Residential Services Partial Care: Juvenile Residential Services Short Term Residential

Mental Health Services: Juvenile Services:

Other Services: Bilingual Services;

Associates in Counseling & Treatment Johnson, Jill

600 North Cotner, Ste.119 Lincoln NB 68505

(402)261-6667 (402)261-6526

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Outpatient - Groups: Adult Non-Residential Services Outpatient -Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient 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: Juvenile Non-Residential Services Intensive

Outpatient Treatment

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

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient

Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

Blue Valley Behavioral Health Lewallen, Lori

3901 Normal Blvd #201 Lincoln NB 68506

(402)261-4017 (402)261-4137

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services 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: Juvenile Non-Residential Services Intensive Outpatient Treatment

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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| Name | Agency | Address | Phone | Fax | | |
| | Assessment: Co-Occurring | | | | | |
| 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 | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - 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; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Har | m Evaluation; Psychological Eva | aluation | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | 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; 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: | , , | ient. Juvenine vino Jezuany Fianti Nisk Assessiment, Asses | isment. Co-occurring | | | |
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | | | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | | |
| | | Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juverille Services. | Mental Health; Outpatient Therapy - Co-occurring | outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- Iental Health; Outpatient Therapy - Co-occurring | | | | |
| Other Services: | Sliding Fee Scale; | - | | | | |
| 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; Adults who Sexually Harm Evaluation

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

Non-Treatment: Intensive Family Preservation

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---------------------------------------|
| Monfelt-Siems, Jamie | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Schulte, Samantha | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)649-0824 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nce Abuse Evaluations; Juvenile Non-Residential Services Intervention | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| 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 nile Non-Residential Services Outpatient - Co-Occurring Treatment | | |
| Mental Health Services: | residential dervices outpatient - maividual, dave | The North Coldendar Services Outpatient - 55 Occurring Treatment | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Wertz, Jill | | 3701 Union Drive Suite 100 Lincoln NB 68516 | (402)875-9270 | |
| 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 Intervential Services Outpatient - Family; Juvenile Non-Ro-Cocurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | | • | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Sliding Fee Scale; No Voucher Acceptance; | outo rolativo/runomp) | | |

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 Se | raluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment | Family; Adult Non-Re ervices Intensive Ou ; Juvenile Non-Resio | 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; Outpatiel g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; g | | |
| Other Services: | Sliding Fee Scale; | | | |
| Cooper, Penny | Cirrus House Inc | 29 S Beltline Highway Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | | raluations; Adult Non-Residential Services Intervention/Education; Adunce Abuse Evaluations; Juvenile Non-Residential Services Interventi | | |
| Other Services: | | | | |
| Eckland, Julie | | PO Box 1603 Scottsbluff NB 69363 | (308)225-4780 | (308)217-4277 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Ev | raluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Hajek, Marilyn | Destiny Counseling Services | 1023 10th Ave Sidney NB 69162 | (308)254-0737 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Intensive Outpatient Tricidential Services Outpatient - Groups; Juvenile Non-Residential Serv | eatment; Juvenile A | ssessment Services |
| Mental Health Services: | , | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |

Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Hendon, April | Region II- Human Services | 401 West 1st Ogallala NB 69153 | (308)534-6029 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult N ient - Co-Occurring Treatment; Juvenile Assessment Services Substa e Non-Residential Services Outpatient - Individual; Juvenile Non-Residential | ance Abuse Evaluation | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Mental Health Services: | Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile | services Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services | Substance Abuse En-Residential Service g Treatment; Juvenile | valuations; Juvenile s Outpatient - Family e Non-Residential |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Long, Theresa | Waves Counseling | 315 Main St Chadron NB 69337 | (308)430-4095 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential Sirices Intervention/Edu | Services Outpatient - ucation; Juvenile |
| Juvenile Services: | | ient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occ | | ental Health; |
| 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 S Residential Services Outpatient - Co-Occurring T | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv reatment essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | rices Outpatient - Indi | ividual; Juvenile Non |

Juvenile Services: Non-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Anger

Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Outpatient: Intensive Outpatient Therapy-Mental Assessment: Co-Occurring; Non-Treatment: Far | h; Outpatient Therapy including Family Sessions-Mental He Health; Assessment: Pre-Treatment Assessment (Medical nily Support Worker | | |
| Rodriguez, Juanita | ACCS Inc | 1917 Avenue A Scottsbluff NB 69361 | (308)633-1390 | (308)633-1393 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Edi ent - Family; Adult Non-Residential Services Outpatient - In rvices Intervention/Education; Juvenile Non-Residential Sedential Sedential Sedential Services Outpatient - Individual | dividual; Juvenile Assessment | Services Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: General Education Class; Non- | Freatment: Family Partner; Contracted Services: Electronic | Monitoring | |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; 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 Ha | Substance Abuse Evaluations; | Juvenile Non- |
| | 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; | | | |

Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Cooper, Lynn | Midwest Country Clinic | 801 S State St Bassett NB 68714 | (308)440-9042 | |
| | 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 rices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| Mental Health Services: | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Outpatient Therapy; Pre-Treatment Assessment | | | |
| Dearmont, Melissa | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residenti | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adal Services Intervention/Education; Juvenile Non-Residential Services Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Individu | dult Non-Residential Coutpatient - Group | Services Outpatient - s; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juveal Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |

Mental Health Services:

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

Pre-Treatment Assessment (Medicaid)

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|--|--|--|---|--|
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Servital Services Short Term Residential; Juvenile Assessment Servi; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occule Non-Residential Services Partial Care; Juvenile Residential Services | ; Adult Non-Residential S rvices Partial Care; Adul ces Substance Abuse Ev Non-Residential Services rring Treatment; Juvenile | Services Outpatient - t Residential valuations; Juvenile s Outpatient - Family Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Bilingual Services; | | | |
| Stoll, Miranda | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)870-2630 | |
| 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 Suvenile Non-Residential Services Outpatient - Family; Juvenile Nor Co-Occurring Treatment | ; Adult Non-Residential S Services Intervention/Edu | Services Outpatient - cation; Juvenile |
| Mental Health Services: | Caronino non ricolacinia. Comisso Carpanoni | or committee to a minimum of the committee of the committ | | |
| | Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpa | tient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile N Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrice Non-Residential Services Partial Care; Juvenile Residential Services | Adult Non-Residential rices Partial Care; Ad es Substance Abuse I on-Residential Servic ng Treatment; Juveni | Services Outpatient ult Residential Evaluations; Juvenile es Outpatient - Famil le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Leibbrandt, Vicky | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; vices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual | Juvenile Assessment | Services Substance |
| Mental Health Services: | • | • | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Non-Treatment: Family Suppo | ort Worker | |
| Other Services: | | | | |
| McPherson, Trina | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| 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; vices Intervention/Education; Juvenile Non-Residential Services Outential Services Outential Services Outpatient - Individual | Juvenile Assessment | Services Substance |
| Mental Health Services: | | | | |
| | Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | | |

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

Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring

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-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation;

Other Services:

| Name | Agency | Address | Phone | Fax | |
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| Other Services: | Sliding Fee Scale; | | | | |
| Stoll, Miranda | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)870-2630 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Fo-Occurring Treatment | Adult Non-Residential S rvices Intervention/Educ | ervices Outpatient - cation; Juvenile | |
| Mental Health Services: | • | o coodining modulion | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including Fa | amily Sessions- | |
| 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 Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; 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 Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| | | | occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ot | utpatient Therapy including Family Sessions-Mental Health | | | |

Mental Health Services: Juvenile Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Ass Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Adult Non-Residential ducation; Juvenile Non-Residential Services Care Monitoring SA/Mervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment | - Family; Adult Non-Re Services Intensive Ou IH; 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; Outpati ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health g | | |
| Other Services: | Sliding Fee Scale; | | | |
| Eckland, Julie | | PO Box 1603 Scottsbluff NB 69363 | (308)225-4780 | (308)217-4277 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evalua | tions | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hendon, April | Region II- Human Services | 401 West 1st Ogallala NB 69153 | (308)534-6029 | |
| | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment | aluations; Adult Non-Residential Services Outpatient - Family; Adu ient - Co-Occurring Treatment; Juvenile Assessment Services Sub Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evaluat | ions; Juvenile Non- |
| | Outpatient Therapy; Co-Occurring | | | |
| | | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Non-Residential Sernitial Services Short Term Residential; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurre Non-Residential Services Outpatient - Co-Occurre Non-Residential Services Partial Care; Juvenile Residential Services | Adult Non-Residential vices Partial Care; Ad es Substance Abuse I lon-Residential Servicing Treatment; Juveni | Services Outpatient - ult Residential Evaluations; Juvenile les Outpatient - Family le Non-Residential |

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Other Services: Sliding Fee Scale:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---------------------|--------------------|
| Other Services: | Bilingual Services; | | | |
| Rodriguez, Juanita | ACCS Inc | 1917 Avenue A Scottsbluff NB 69361 | (308)633-1390 | (308)633-1393 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | 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 S | Services Substance |
| Mental Health Services: | • | · | | |

Juvenile Services: Non-Treatment: General Education Class; Non-Treatment: Family Partner; Contracted Services: Electronic Monitoring

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring;

| Name | Agency | Address | Phone | Fax | | |
|---------------------------------------|--|--|--|---|--|--|
| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 | | |
| Substance Abuse Services: | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-dential Services Outpatient - Co-Occurring Treatment | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | | | |
| Dearmont, Melissa | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residentia | raluations; Adult Non-Residential Services Intervention/Education; Adust - Family; Adult Non-Residential Services Outpatient - Individual; Adal Services Intervention/Education; Juvenile Non-Residential Services e Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual | lult Non-Residential Outpatient - Group | Services Outpatient - s; Juvenile Non- | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | | | |
| Juvenile Services: | Assessment: Co-Occurring | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatier | t Therapy - Co-occu | ırring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Hampton, Betty | Hampton Behavioral Health & Family Services, Inc | 116 West Douglas St Suite B O'Neill NB 68763 | (402)336-3200 | (402)336-3219 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluatio | ns | | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatier | nt Therapy - Individu | al-Mental Health; | | |

Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

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Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Adult Non-Residential Services Short Term Residential; Juvenile Assessment Services Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juvenile Juvenile Non-Residential Services Outpatient - Co-Occile Non-Residential Services Partial Care; Juvenile Residential Services | al; Adult Non-Residential Services Partial Care; Adu vices Substance Abuse E e Non-Residential Service urring Treatment; Juvenil | Services Outpatient ult Residential Evaluations; Juvenile es Outpatient - Famil le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Solic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occidio-psychosocial); Co-Occurring | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Service | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: | including Group Sessions-Mental Health; Outpat | Treatment: General Education Class; Outpatient Therapy - Indivi- ient Therapy including Family Sessions-Mental Health; Outpatien ensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assattment: Intensive Family Preservation | t Therapy - Co-occurring | ; Intensive Outpatien |
| Other Services: | . , , | ŕ | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 2002 Central Ave Kearney NB 68847-4473 | (308)708-9379 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Exmonitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juvenilensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education res Outpatient - Groups; Adult Non-Residential Services Outpatient revices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Edual Services Outpatient - Groups; Juvenile Non-Residential Services Intervential Ser | nt - Family; Adult Non-Re al Services Intensive Out acation; Juvenile Non-Re es Outpatient - Family; Ju | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | a Cara (Thansau (Saal - C | Family Opening |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; Outp | atient Therapy including | Family Sessions- |

Mental Health; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medicaid)

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ices Substance Abuse Evaluations; Juvenile Non-Residential Services e Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | ult Non-Residential s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | , | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Riley, Suzanne | Suzanne Riley Counseling LLC | 1917 W Faidley Ave Grand Island NB 68803 | (308)398-0350 | (308)398-0351 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential es Substance Abuse -Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | · | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/Kinstensister) | tensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Stahlecker, Rebecca | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)741-0801 | (402)395-5121 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurrin Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juver lential Services Out _l | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluatio | on | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien Therapy - Co-occurring; Assessment: Co-Occurring; Non-Treatment: | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|--|--|--|--|--|
| Stoll, Miranda | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)870-2630 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - roups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - O-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile On-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Individual | | | | |
| Mental Health Services: | · | • | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpettal Health | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including F | amily 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/MF Family; Juvenile Non-Residential Services Outpa | 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 Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| | | utpatient Therapy including Family Sessions-Mental Health | 9 | | | |
| 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 | • | dult Non-Residential S vices Intervention/Edu | Services Outpatient - cation; Juvenile | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Co-Occurring | nt Therapy including F | amily Sessions- | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
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| Arnett Nickolaus, Theresa | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (402)631-7267 | (402)694-4199 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Residential Services Dual Residential (MH/SA); Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non- Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; 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: | 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; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | |
| Other Services: | Treatment Assessment (Medicald), Assessment. | Co-occurring | | | |
| Arroyo-Herrera, Adriana | Arroyo-Stoltenberg Counseling | 2121 N Webb Rd Suite 104 Grand Island NB 68803 | (308)370-3678 | | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; 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 Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Psychological Evaluation | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Bauer, Stephenie | Student Wellness Center | 2124 North LaFayette Grand Island NB 68803 | (308)384-2265 | (308)384-2243 | |
| | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non-lervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | | |
| Mental Health 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: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring | | | | |
| Other Services: | | | | | |
| 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 Evaluatio | ns | | |
| | | | | | |

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

Juvenile Services: Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|---------------------|
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi | ult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Fami ult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatier oups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | |
| Juvenile Services: Other Services: | Non-Treatment: Day Reporting; Non-Treatment: E | Evening Reporting; Outpatient Therapy - Individual-Mental Health; Co | mmunity Treatment | Aide |
| Buchta, Lisa | Hastings Regional Center | P.O. Box 579 Hastings NB 68902 | (308)224-6339 | |
| | Juvenile Assessment Services Substance Abuse | Evaluations; Juvenile Residential Services Extended Residential or S | A Residential Treat | ment Center |
| Mental Health Services: | | | | |
| | Assessment: Psychological Evaluation | | | |
| Other Services: | | | | |
| Cleveland, Lori | St Francis Alcohol & Drug Treatment | 2620 West Faidley Ave Grand Island NB 68803 | (308)398-5427 | (308)398-5404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult l t - Individual; Adult Residential Services Short Term Residential; Juve vices Outpatient - Groups; Juvenile Non-Residential Services Outpati | enile Assessment Se | ervices Substance |
| Mental Health Services: | Corridor Carpanoni Individual, Cavolino Recider | Mai Sorvices Short Form Residential | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Czarnick, Kelli | | 403 Lexington Cir Grand Island NB 68803 | (402)937-0321 | (402)695-7321 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential S | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Converses Outpatient - Co-Occurring Treatment | Juvenile Non-Reside | ential Services |
| Mental Health Services: | Caspation marriada, cavorno rem recidental | Solvious Sulpations So Securing Houtman | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Co-Occurring | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | on occaning | | |
| Daily, Sherry | | 2100 4th Ave Kearney NB 68845 | (308)830-3618 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien 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 Services Outpatient - Co-Occurring | ng Treatment; Juver dential Services Out | nile Assessment |

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

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | ırring; Assessment: |
| 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 Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out _l | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | ion | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring | | | |
| Other Services: | Coxually Harm Nok / 100000 monk, / 100000 monk. O | Occurring | | |
| Estevez, Miguel | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad al Services Intervention/Education; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatment | dult Non-Residential | Services Outpatient - |
| 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; Outpatien | nt Therapy - Co-occu | ırring |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Feese, Emily | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Ad It - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Outpatient - Family; Juvenile Non-Residential Ser- reatment | ing Treatment; Juver | nile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| 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 Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult N tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluat | ions; Juvenile Non- | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | on | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Franssen, Tracee | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | (308)675-3342 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Outpatient - Family; Juvenile Non-Residential Ser reatment | ng Treatment; Juve | nile Non-Residential | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Frenzen, Nicole | Clearwater Counseling | 312 N. Elm Street Suite 112 Grand Island NB 68801 | (308)383-1883 | | |
| Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - Fa | amily; Juvenile Non-Residential Services Outpatient - Individual | | | |
| Mental Health Services: | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health | | | | |
| Other Services: | | | | | |
| 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; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | dult Non-Residential rices Intervention/Ec | Services Outpatient - lucation; Juvenile | |
| 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 - Youth Who Sexually Harm; Outpat ho Sexually Harm Risk Assessment; Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | | |
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| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - Fa | Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - y; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential ses Intensive Outpatient Treatment; Adult Residential Services Dual Residential (MH/SA); Juvenile Assessment Services Substance Abuse Evaluations; ile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Services Outpatient; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Hoyt, David | Dave Hoyt Counseling LLC | 1917 West Faidley Ave Grand Island NB 68803 | (308)627-7061 | | | |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment Outpatient Therapy | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nitent - Co-Occurring Treatment; Juvenile Assessment Services Substate Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient | ince Abuse Evaluati dential Services Outp | ons; Juvenile Non- patient - Co-Occurrinç | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring | | |
| 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 Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I at - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | ng Treatment; Juven tial Services Outpati | ile Assessment ent - Family; Juvenile | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Johnson (Aswegan), Betty | | 513 N Grant Suite D Plum Creek Mall Lexington NB 68850 | (308)440-8054 | (308)234-6604 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outperential Services Outpatient - Individual | venile Assessment S | Services Substance | | |

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

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

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Disorder; Outpatient Therapy - Co-occurring; Ass Occurring Sliding Fee Scale; Bilingual Services; | essment: Pre-Treatment Assessment (Medicaid); Assessment: Ment | al Status Exam (MSE); | Assessment: Co- |
| Jones, Caroline | Student Wellness Center | 2124 North LaFayette Grand Island NB 68803 | (308)384-2265 | |
| 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-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ing Treatment; Juvenilo dential Services Outpa | e Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kelly, Mike | South Central Behavioral Services | 616 W 5th St Hastings, NB 68901 | (402)326-7329 | |
| 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; Juvenilential Services Outpatie | e Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kennedy, Jenna | 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 Intensive Outpatie | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re ent Treatment; Adult Residential Services Short Term Residential; Ju vices Outpatient - Groups; Juvenile Non-Residential Services Outpat | esidential Services Out venile Assessment Se | patient - Individual; rvices Substance |
| Mental Health Services: | · | | | |
| | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |

| Name | Agency | Address | Phone | Fax |
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| Klein, Candance | CK Counseling | 318 Tilden St Holdrege NB 68949 | (308)991-3123 | (308)455-6242 |
| 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-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | ng Treatment; Juver ntial Services Outpat | nile Assessment |
| 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 g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; In ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | | |
| Other Services: | | | | |
| Klein, Christy | Family Resources of Greater Nebraska | PO Box 5858 3532 W Capital Ave Grand Island NB 68802 | (308)381-7487 | (308)381-2712 |
| 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 | dult Non-Residential | Services Outpatient - |
| | | venile Non-Residential Services Outpatient - Family; Juvenile Non-Reo-Occurring Treatment | | |
| Mental Health Services: | Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co | | | |
| | Juvenile Non-Residential Services Outpatient - Co | | esidential Services (| |
| | Juvenile Non-Residential Services Outpatient - Co | o-Occurring Treatment | esidential Services (| |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - Co | o-Occurring Treatment | esidential Services (| |
| Juvenile Services: Other Services: Koch, Lori Substance Abuse Services: Mental Health Services: | Juvenile Non-Residential Services Outpatient - Co- Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Center Adult Assessment Services Substance Abuse Events Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpat | o-Occurring Treatment utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess 5217 S 28th St Omaha NB 68107 aluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Accervices Intensive Outpatient Treatment; Adult Residential Services Denile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring | esidential Services (sment (Medicaid) (402)715-5459 dult Non-Residential dult Non-Residential rual Residential (MH lon-Residential Serv /; Juvenile Non-Resi | (402)715-5452 I Services Outpatient Services Outpatient /SA); Adult rices Care Monitoring idential Services |
| Juvenile Services: Other Services: Koch, Lori Substance Abuse Services: Mental Health Services: Juvenile Services: | Juvenile Non-Residential Services Outpatient - Co- Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Center Adult Assessment Services Substance Abuse Events Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpat | o-Occurring Treatment utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess 5217 S 28th St Omaha NB 68107 aluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Residential Services Denile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatmential Services | esidential Services (sment (Medicaid) (402)715-5459 dult Non-Residential dult Non-Residential rual Residential (MH lon-Residential Serv /; Juvenile Non-Resi | Outpatient - Individua (402)715-5452 I Services Outpatient Services Outpatient /SA); Adult vices Care Monitoring idential Services |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Lange, Robyn | Two Bridges Counseling | 513 N Grant St Ste 3A Lexington NB 68850 | (308)324-0222 | (308)324-0225 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individua rices Substance Abuse Evaluations; Juvenile Non-Residential Ser le Non-Residential Services Outpatient - Family; Juvenile Non-Re patient Treatment | l; Adult Non-Residential vices Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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; Ju Juvenile Non-Residential Services Outpatient - C | | l; Adult Non-Residential Services Intervention/Ed | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpater; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | Wellar Status Exam (WSE) | | | |
| 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 | | l; Adult Non-Residential Services Intervention/Ed | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; As | | | |
| | Sliding Fee Scale; | | | |
| Maxson, Thomas | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| 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 | raluations; Adult Non-Residential Services Intervention/Education; ant - Family; Adult Non-Residential Services Outpatient - Individual ervices Substance Abuse Evaluations; Juvenile Non-Residential Suvenile Non-Residential Suvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eval | l; Adult Non-Residential Services Intervention/Ed n-Residential Services | Services Outpatient - ducation; Juvenile Outpatient - Individual; |

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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| | | outh Who Sexually Harm; Outpatient Therapy - Co-occurr SE); Assessment: Psychological Evaluation; Assessmen | | |
| Other Services: | , increase and the control of the co | | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 2002 Central Ave Kearney NB 68847-4473 | (308)708-9379 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | raluations; Adult Non-Residential Services Intervention/Eces Outpatient - Groups; Adult Non-Residential Services Corvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervental Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring | Outpatient - Family; Adult Non-Resi esidential Services Intensive Outpa tion/Education; Juvenile Non-Resi al Services Outpatient - Family; Juv | dential Services atient Treatment; dential Services enile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Heal der: Assessment: Pre-Treatment Assessment (Medicaid) | | mily Sessions- |
| Other Services: | Sliding Fee Scale; | , | | |
| McMaster, Brianna | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | aluations; Adult Non-Residential Services Outpatient - G nt - Individual; Adult Non-Residential Services Outpatient e Assessment Services Substance Abuse Evaluations; J ndividual; Juvenile Non-Residential Services Outpatient - | Co-Occurring Treatment; Adult Nuvenile Non-Residential Services C | on-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| McMaster, Brianna | Brianna McMaster | 2217 W 12th St Ste 4 Hastings NB 68901 | (402)469-1058 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Edult - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juven-Occurring Treatment | Individual; Adult Non-Residential Sesidential Sesidential Services Intervention/Educ | ervices Outpatient cation; Juvenile |
| 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 Heal | th; Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Mohlman, Margaret | | 1714 W. 4th Hastings NB 68901 | (402)469-6386 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Individu | al; Juvenile Assessment Ser | vices Substance |
| Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Ser | rvices Outpatient - Individual | | |
| Juvenile Services: | | | | |
| Other Services: | No Voucher Acceptance; | | | |
| Molczyk, Dorothy | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individual Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | ual; Adult Non-Residential S al Services Intervention/Edu | Services Outpatient - cation; Juvenile |
| Mental Health Services: | · | • | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Ortiz-Vega, Adalis | Adalis Ortiz-Vega | 1368 E Normandy Blvd Deltona FL 32725 | (956)203-9601 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-0 Non-Residential Services Intervention/Education; Juvenile Nonamily; Juvenile Non-Residential Services Outpatient - Individua | Occurring Treatment; Juveni n-Residential Services Outpa | le Assessment atient - Groups; |
| 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; Ou g; Assessment: Co-Occurring | tpatient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Partin, Christopher | Christopher Partin Counseling | 1652 Worms Rd St Libory NB 68872-2906 | (402)705-3684 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individual Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | ual; Adult Non-Residential S al Services Intervention/Edu | Services Outpatient cation; Juvenile |
| Mental Health Services: | 22.22 1.3 Nooluoa. Col. 1.000 Culpuloin | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual rices Substance Abuse Evaluations; Juvenile Non-Residential Ser le Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment | ; Adult Non-Residentia vices Intervention/Educ | I Services Intensive cation; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Riley, Suzanne | Suzanne Riley Counseling LLC | 1917 W Faidley Ave Grand Island NB 68803 | (308)398-0350 | (308)398-0351 |
| Capatanae Abase Garvices. | 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 - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Se; Juvenile Non-Residential Services Outpatient - Groups; Juvenile adividual; Juvenile Non-Residential Services Outpatient - Co-Occu | ; Adult Non-Residentia rvices Substance Abus Non-Residential Servic | I Services Outpatient e Evaluations; Juveni ces Outpatient - Famil |
| Mental Health Services: | • | | | |
| Juvenile Services: | 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); Out-Of-Home: Foster Care (Relative/ | h; Intensive Outpatient | : Intensive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual 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 | raluations; Adult Non-Residential Services Intervention/Education; ant - Family; Adult Non-Residential Services Outpatient - Individual services Substance Abuse Evaluations; Juvenile Non-Residential Suvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | ; Adult Non-Residentia Services Intervention/E | Services Outpatient ducation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy - Co-occurring | atient Therapy - Individual-Mental Health; Outpatient Therapy incl | uding Group Sessions- | Mental Health; |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

Other Services: Sliding Fee Scale;

| 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: | Monitoring SA/MH; Adult Non-Residential Service Assessment Services Substance Abuse Evaluation | raluations; Adult Non-Residential Services Intervention/Education; Asset Outpatient - Individual; Adult Non-Residential Services Outpatier ons; Juvenile Non-Residential Services Intervention/Education; Juvatient - Co-Occurring Treatment; Juvenile Non-Residential Services | nt - Co-Occurring Trea renile Non-Residential | tment; Juvenile Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens | raluations; Adult Non-Residential Services Outpatient - Groups; Aduive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - | e Abuse Evaluations; | Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| 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 Non-Residential Services Care Monitoring SA/MI Family; Juvenile Non-Residential Services Outpa | | Adult Non-Residential ervices Intervention/Ec Non-Residential Servi | Services Outpatient lucation; Juvenile |
| Mental Health Services: | 1 37 | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | -Occurring | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Wegner, Cheryl | St Francis Alcohol & Drug Treatment | 2620 West Faidley Ave Grand Island NB 68803 | (308)398-5438 | (308)398-5404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Term Residential; Juvenile Assessment Services | raluations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Intensive Outpatient Substance Abuse Evaluations; Juvenile Non-Residential Services e Non-Residential Services Outpatient - Individual; Juvenile Non-Residential | Treatment; Adult Resid Outpatient - Groups; J | dential Services Shor uvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |

| 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 | · · · · · · · · · · · · · · · · · · · | ual; Adult Non-Residentia al Services Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Ou | tpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | , Assessment. Co-occurring | | |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 6880 | 3 (308)384-4405 | (308)339-0962 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individervices Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment | ual; Adult Non-Residentia al Services Intervention/Ed | Services Outpatient - ducation; Juvenile |
| | | utpatient Therapy including Group Sessions-Mental Health; Ou | tpatient Therapy including | Family Sessions- |
| Other Services: | montai i rounii, outpationi i riorapy oo ooduriing | ,, , lococomonii. Co Cocoming | | |

Intensive Outpatient Treatment

Mental Health Services: Outpatient Therapy

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

| Name | Agency | Address | Phone | Fax |
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| 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; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occuesidential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fam | rring Treatment; Juve | nile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpati nent: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Cubatunice Abuse Convices. | Family; Adult Non-Residential Services Outpatiel Services Intensive Outpatient Treatment; Adult F | valuations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occu Residential Services Dual Residential (MH/SA); Juvenile Assessmen amily; Juvenile Non-Residential Services Outpatient - Individual; Ju ial Services Intensive Outpatient Treatment | rring Treatment; Adul t Services Substance | t Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpati | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Hill, Victoria | College View Harmony Health Center | 302 South 16th Street Suite B Aurora NB 68818 | (402)413-9147 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Services | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; vices Substance Abuse Evaluations; Juvenile Non-Residential Servi ile Non-Residential Services Outpatient - Family; Juvenile Non-Resi | Adult Non-Residentia ces Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | outerme tren reconstitue convicto interiore cut | outon rounding | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (308)339-0962 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occue Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services - Groups; Juvenile Non-Re | rring Treatment; Juve | nile Assessment |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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| Name | Agency | Address | Phone | Fax |
| | Assessment: Pre-Treatment Assessment (Medica | aid) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Ir | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Intervices Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | lult Non-Residential les Partial Care; Adu Substance Abuse E n-Residential Service g Treatment; Juvenil | Services Outpatient - ult Residential Evaluations; Juvenile es Outpatient - Family le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | Bilingual Services; | | | |
| Kiuntke, Jean | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Groups; Juvenile Non-Residential Services Out | uations; Juvenile No | |
| Mental Health Services: Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

Horizon Recovery & Counseling Center

Pederson, Margaret

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 Intensive Outpatient 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 Intensive Outpatient Treatment

835 S Burlington Ste 115 Hastings NB 68901

Mental Health Services: Juvenile Services: Other Services: (402)462-2066

| Name | Agency | Address | Phone | Fax |
|--|---|--|---|---|
| Rowe, Leisa | Leisa Rowe Counseling | 908 N. Howard Ave, Suite 102 Grand Island NB 68803 | (308)398-6050 | (308)398-6051 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Individual; Adult Non-Residential Services Outpatient ons; Juvenile Non-Residential Services Intervention/Education; Juveratient - Co-Occurring Treatment; Juvenile Non-Residential Services In | - Co-Occurring Trea nile Non-Residential | tment; Juvenile Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance Ale Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Individu | Abuse Evaluations; | Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| 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 Outpatient - Family; Juvenile Non-Ro- evenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro- o-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| 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 | | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Ingram, Chastity | Center Creek Counseling | 775 31 Rd Franklin NB 68939 | (308)425-3167 | (308)425-3167 |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Family; Adult No ervention/Education; Juvenile Non-Residential Services Outpatient - | | |
| Mental Health Services: | Calpation marriada | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Service ential Services Short Term Residential; Juvenile Assessment Service ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-dividual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services | Adult Non-Residential vices Partial Care; Ad es Substance Abuse I on-Residential Servic ing Treatment; Juveni | Services Outpatient - ult Residential Evaluations; Juvenile es Outpatient - Family le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Klein, Candance | CK Counseling | 318 Tilden St Holdrege NB 68949 | (308)991-3123 | (308)455-6242 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Outpatient - Groups; Juvenile Non-Resid ; Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | outpatient 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: | | | | |
| Mitchell, James | Heartland Health Center, Inc | 104 W Seneca St Ravenna NB 68869 | (308)224-5192 | |
| | | | | |

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

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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| Name | Agency | Address | Phone | Fax |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance // le Non-Residential Services Outpatient - Individual | Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation 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-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; | • | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - iroups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient o-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile on-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - amily; Juvenile Non-Residential Services Outpatient - Individual outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | |

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

| 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 | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - roups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Do-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile On-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; venile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring | | | | |
| | 137 | | | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring | | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | | |
| 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 - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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 - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential | | | | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Bilingual Services; | | | | | |
| Leibbrandt, Vicky | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 | | |
| 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 - Individual; 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 | | | | | |
| Mental Health Services: | | | | | | |
| | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Non-Treatment: Family Support | Worker | | | |
| Other Services: | | | | | | |

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|--|---|---|--|--|
| McPherson, Trina | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser | Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - ps; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance e Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individ | | | | |
| Mental Health Services: | 7 | ' | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | | | |
| Other Services: | | | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 | buse Evaluations; J | uvenile Non- | | |
| 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); Assessment: Assessment: Co-Occurring | nt: Intensive Outpati | ent Therapy-Youth | | |
| Other Services: | Sliding Fee Scale; | 3 | | | | |
| 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 | • | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- | | |
| Other Services: | Sliding Fee Scale; | <u>-</u> | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Non-Residential Serntial Services Short Term Residential; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurre Non-Residential Services Outpatient - Co-Occurre Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; | Adult Non-Residentia vices Partial Care; Ad es Substance Abuse lon-Residential Servicing Treatment; Juven | Services Outpatient ult Residential Evaluations; Juvenile es Outpatient - Famil ile Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Leibbrandt, Vicky | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; vices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual | Juvenile Assessment | Services Substance |
| Mental Health Services: | ,,, | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Non-Treatment: Family Supp | ort Worker | |
| Other Services: | | | | |
| McPherson, Trina | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; vices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual | Juvenile Assessment | Services Substance |
| Mental Health Services: | • | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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; Aduve Outpatient Treatment; Juvenile Assessment Services Substance Non-Residential Services Outpatient - Individual | | |

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

Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring

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-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| 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 Outpatier 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-Resides A/MH; Adult Non-Residential Services Outpatient - Groups; Adult Not-Individual; Adult Non-Residential Services Outpatient - Co-Occur desidential Services Dual Residential (MH/SA); Adult Residential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juve vices Outpatient - Groups; Juvenile Non-Residential Services Outpatiential Services Outpatie | on-Residential Servion 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 |
| 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 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; | | | |
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | valuations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Juvenile Assessment Services Substance Abuse Eval Services Outpatient - Family; Juvenile Non-Residential Services Ou | uations; Juvenile Nor | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | Bilingual Services; | | | |
| Cooper, Lynn | Midwest Country Clinic | 801 S State St Bassett NB 68714 | (308)440-9042 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Acted - Family; Adult Non-Residential Services Outpatient - Individual; Actervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Foo-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient ducation; Juvenile |
| 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: Co-Occurring | nt Therapy including | Family Sessions- |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|---|--|--|
| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - G | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Short Term Residential; Juvenile Assessment Serroups; Juvenile Non-Residential Services Outpatient - Family; Juvenit tpatient - Co-Occurring Treatment; Juvenile Non-Residential Services | ing Treatment; Adult vices Substance Ab le Non-Residential S | Non-Residential buse Evaluations; Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Psychological E | | |
| Other Services: | | | | |
| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Or | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Dearmont, Melissa | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| 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; Adult Services Intervention/Education; Juvenile Non-Residential Services | dult Non-Residential | Services Outpatient - |

Treatment Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

Juvenile Services: Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax | | |
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| Other Services: | Sliding Fee Scale; | | • | , | | |
| Frank, Abigail | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | (402)336-2849 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residentia rvices Intervention/E | Services Outpatient ducation; Juvenile | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | | |
| 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; Bilingual Services; | · | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | raluations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur residential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juv al Services Intensive Outpatient Treatment | ring Treatment; Adul Services Substance | t Non-Residential Abuse Evaluations; | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occ | urring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Hampton, Betty | Hampton Behavioral Health & Family Services, Inc | 116 West Douglas St Suite B O'Neill NB 68763 | (402)336-3200 | (402)336-3219 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | raluations; Juvenile Assessment Services Substance Abuse Evaluati | ons | | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpation and Conflict Mediation; Outpation and Health; Outpatient Therapy including Family Sessions-Mental Faid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occ | lealth; Outpatient Th | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 S buse Evaluations; Ju | Services Intensive venile 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; As | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hingst, Michelle | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | <u> </u> | dult Non-Residential S rices Intervention/Edu | Services Outpatient - acation; Juvenile |
| | 127 | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including F | amily Sessions |
| Juverille Services. | Mental Health; Outpatient Therapy - Co-occurring | | it Therapy including t | arrilly Ocssions- |
| Other Services: | Sliding Fee Scale; | · | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurringe Non-Residential Services Partial Care; Juvenile Residential Services | dult Non-Residential sees Partial Care; Adul Substance Abuse Evan-Residential Service g Treatment; Juvenile | Services Outpatient - It Residential valuations; Juvenile s Outpatient - Family Non-Residential |
| Mental Health Services: | | | | |

Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| Kennedy, Jenna | 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 - Ground Adult Non-Residential Services Intensive Outpati | ssessment Services Substance Abuse Evaluations; Adult Non-Re ups; Adult Non-Residential Services Outpatient - Family; Adult No ient Treatment; Adult Residential Services Short Term Residential rvices Outpatient - Groups; Juvenile Non-Residential Services Ou | n-Residential Services O ; Juvenile Assessment S | utpatient - Individual; ervices Substance |
| Mental Health Services: | · | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| 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 - Ir Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education. ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | I; Adult Non-Residential ervices Substance Abuse Non-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring; Non-Treatment: Intensive Family Preservation | | | |
| Other Services: | (modicald), / loosesthem. Co Coodining, Non Yield | aunoni monore ramiy ricosivalion | | |
| Laffin, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | 7 (402)494-3337 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education: es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia Evaluations; Juvenile Non-Residential Services Intervention/Edual Services Outpatient - Groups; Juvenile Non-Residential Services onlie Non-Residential Services Outpatient - Co-Occurring Treatment | t - Family; Adult Non-Real Services Intensive Out cation; Juvenile Non-Real Soutpatient - Family; Ju | sidential Services patient Treatment; sidential Services venile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Indivious ient Therapy including Family Sessions-Mental Health; Outpatient Treatment Day Treatment-Mental Health; Assessment: Pre-Trea | Therapy - Co-occurring; | Intensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
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| Loberg, Katie | 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 Intensive Outpatie Abuse Evaluations; Juvenile Non-Residential Ser | sessment Services Substance Abuse Evaluations; Adult Non-Reps; Adult Non-Residential Services Outpatient - Family; Adult Nonent Treatment; Adult Residential Services Short Term Residential vices Intervention/Education; Juvenile Non-Residential Services Cential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; | n-Residential Services (; Juvenile Assessment Outpatient - Groups; Ju | Outpatient - Individual; Services Substance venile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Mackling, Jamie | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3655 |
| 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; nt - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se Juvenile Non-Residential Services Outpatient - Groups; Juvenile dividual; Juvenile Non-Residential Services Outpatient - Co-Occu | l; Adult Non-Residentia rvices Substance Abus Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| 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 | sessment Services Substance Abuse Evaluations; Adult Non-Re- ult Non-Residential Services Outpatient - Individual; Adult Non-Re- sive Outpatient Treatment; Adult Residential Services Short Term- idential Services Outpatient - Groups; Juvenile Non-Residential S nile Non-Residential Services Outpatient - Co-Occurring Treatme (bio-psychosocial); Co-Occurring; Psychological Evaluation | esidential Services Outp Residential; Juvenile A services Outpatient - Fa | patient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | | pto-psychosocial), co-occurring, Psychological Evaluation atpatient Therapy including Group Sessions-Mental Health; Outpa | ationt Thorony including | Family Soccions |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (M: | ripatient Therapy including Group Sessions-Merital Health, Odipa ;; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring SE); Assessment: Psychological Evaluation; Assessment: Co-Oc | g; Assessment: Pre-Tre | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|--|---|---|---|--|--|
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - mily; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment rvices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile n-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | utpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurring | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ASE); Assessment: Co-Occurring; Non-Treatment: Family Support World (1997). | ssessment: Pre-Tre | atment Assessment | | |
| Other Services: | | | | | | |
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 | | |
| Substance Abuse Services: | Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Adults | who Sexually Harm | Evaluation | | |
| | Mental Health; Community Treatment Aide; Asses | utpatient Therapy including Group Sessions-Mental Health; Outpatien ssment: Pre-Treatment Assessment (Medicaid) | t Therapy including F | Family 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: | Groups; Adult Non-Residential Services Outpatiel 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; Advervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult 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 | | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | | | |
| Carior Services. | Siluling i ee Scale, | | | | | |

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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;

| Name | Agency | Address | Phone | Fax |
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| Hendon, April | Region II- Human Services | 401 West 1st Ogallala NB 69153 | (308)534-6029 | |
| | Individual; Adult Non-Residential Services Outpat | raluations; Adult Non-Residential Services Outpatient - tient - Co-Occurring Treatment; Juvenile Assessment S e Non-Residential Services Outpatient - Individual; Juve | Services Substance Abuse Evaluatio | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | ent - Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Adult Non-Resential Services Short Term Residential; Juvenile Assess; Juvenile Non-Residential Services Outpatient - Groupendividual; Juvenile Non-Residential Services Outpatient e Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; | sidential Services Partial Care; Adulturent Services Substance Abuse Events; Juvenile Non-Residential Services - Co-Occurring Treatment; Juvenile | t Residential valuations; Juvenile s Outpatient - Fami Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi | valuations; Adult Non-Residential Services Outpatient | | |
| Mental Health Services: | | le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually | · | |

Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring

Juvenile Services:

Other Services: Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 | It Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - vidual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-idential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring atment | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on | | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Co-Occurring | t Therapy - Co-occu | urring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 | | |
| Substance Abuse Services. | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | : Non-Residential Abuse Evaluations; | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occi | urring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | | |
| 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 - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential | | | | | |
| Mental Health Services: | | | | | | |

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Juvenile Services: Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | | |
|--|--|--|--|--|--|--|
| Leddy, Kayla | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | dult Non-Residential S rices Intervention/Edu | ervices Outpatient - cation; 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; As | ssessment: Mental Status Exam (MSE) | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Partin, Christopher | Christopher Partin Counseling | 1652 Worms Rd St Libory NB 68872-2906 | (402)705-3684 | | | |
| 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 - Co | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Coccurring Treatment | dult Non-Residential S rices Intervention/Edu | ervices Outpatient - cation; Juvenile | | |
| Other Services: | | | | | | |
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | | | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | dult Non-Residential S s Intervention/Educat | ervices Intensive ion; Juvenile Non- | | |
| Juvenile Services: | | | | | | |
| 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: | Monitoring SA/MH; Adult Non-Residential Service Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Individual; Adult Non-Residential Services Outpatient ons; Juvenile Non-Residential Services Intervention/Education; Juveratient - Co-Occurring Treatment; Juvenile Non-Residential Services Intervential Services Intervention/Education; Adust Non-Residential Services Intervential Services Intervential Services Intervention/Education; Adust Non-Residential Services Outpatient - One Occurring Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention Intervent | Co-Occurring Treatmile Non-Residential S | nent; Juvenile ervices Outpatient - | | |

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

| 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 Outpatic Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/M Family; Juvenile Non-Residential Services Outpatic | | ; Adult Non-Residentia Services Intervention/E e Non-Residential Serv | l Services Outpatient ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co | o-Occurring | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Outpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| 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 Outpatic 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 Services Outpatient - Family; Juvenile Non-Occurring Treatment | ; Adult Non-Residentia Services Intervention/E | l Services Outpatient ducation; Juvenile |
| | , ,,, | Outpatient Therapy including Group Sessions-Mental Health; Outpa | tient Therapy including | Family Sessions- |
| Other Services: | | | | |

Registered Service Providers for County: Jefferson

| Name | Agency | | Address | Ph | one | Fax |
|---------------------------|--|---|---|--|--|--|
| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228 | 3-3386 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | nt - Individual; Adult Non-Residential Se | Non-Residential Services Outpatient - rvices Outpatient - Groups; Juvenile N | Co-Occurring Treatm lon-Residential Service | ent; Juver | nile Assessment |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health | utpatient Therapy in | cluding Group Sessions-Mental Health | ; Outpatient Therapy | including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. L | incoln NB 68501 | (402)48 | 1-5392 | |
| Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile | ntial Services Short Juvenile Non-Resid dividual; Juvenile N | Term Residential; Juvenile Assessme lential Services Outpatient - Groups; J on-Residential Services Outpatient - C | nt Services Substance uvenile Non-Resident co-Occurring Treatmen | e Abuse E tial Service nt; Juvenil | valuations; Juvenile es Outpatient - Family e Non-Residential |
| Juvenile Services: | | | | | | |
| | Bilingual Services; | | | | | |
| Lewallen, Lori | Blue Valley Behavioral Health | 3901 Normal Blv | /d #201 Lincoln NB 68506 | (402)26 | 1-4017 | (402)261-4137 |
| | 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 | nt - Family; Adult No Services Intensive O Juvenile Non-Resion Idividual; Juvenile N | on-Residential Services Outpatient - In utpatient Treatment; Juvenile Assessr Iential Services Outpatient - Groups; J on-Residential Services Outpatient - C | dividual; Adult Non-R nent Services Substar uvenile Non-Resident | esidential nce Abuse tial Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me Occurring | atient Therapy - Indi | vidual-Mental Health; Outpatient Ther | | | |
| Other Services: | | | | | | |

Registered Service Providers for County: Jefferson

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
|---|-------------------------------|--|---------------|---------------|--|
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 | |
| 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: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment - Co-Occurring Treatment: Juvenile Assessment - Co-Occurring Treatment - Co-Occurring | | | | | |

Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Mental Health Services:

Juvenile Services:

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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: | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - roups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - o-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile on-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Oc | ccurring; Psychologic | cal Evaluation | |
| 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: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Co-Occurring | | | | |
| Other Services: | 1 Sychological Evaluation, Assessment. 30 Octob | 9 | | | |
| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St Beatrice NB 68310 | (402)228-3386 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpetted Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including I | Family Sessions- | |
| Other Services: | Sliding Fee Scale; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | lult Non-Residential les Partial Care; Adu Substance Abuse E n-Residential Service g Treatment; Juvenil | Services Outpatient - ult Residential valuations; Juvenile es Outpatient - Family; e Non-Residential | |

Mental Health Services:

Juvenile Services:

Other Services: Bilingual Services;

Juvenile Services: Other Services:

| Name | Agency | Address | Phone | Fax | | |
|--|--|--|---|---|--|--|
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 | | |
| | 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 - Individual; Juvenile Non-Residential Treatment | fult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Outpatient - oups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - 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 Monitoring VMH; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Intensive Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient eatment | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | | | |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | | | |
| 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 - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; | utpatient Therapy including Group Sessions-Mental Health; Outpatient | ult Non-Residential ses Substance Abuse es Substance Abuse I-Residential Service I Treatment; Juvenile | Services Outpatient - Evaluations; Juvenile s Outpatient - Family; e Non-Residential | | |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | 1 | | | | |
| Schulte, Samantha | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)649-0824 | | | |
| Mental Health Services: Juvenile Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu nce Abuse Evaluations; Juvenile Non-Residential Services Interventio | | | | |
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 | | |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Adultient - Co-Occurring Treatment; Juvenile Assessment Services Substanile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|----------------------------------|---------------|-----|--|
| Walker-Vinal, Kristin | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)686-9856 | | |
| 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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Treatment; Juvenile 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 | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| | 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; | | | | |

Mental Health Services: Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| | Pre-Treatment Assessment (bio-psychosocial); C | aluations; Juvenile Assessment Services Substance Abuse Evaluation to-Occurring; Adults who Sexually Harm Evaluation | ns | |
| Eigenberg, Amy | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Outpatient - Co-Occurring Services Outpatient - Co-Occurring Services Outpatient - Co-Occurring Services Outpatient - Co-Occurring - Co-Occurring Outpatient - Co-Occurring - | ng Treatment; Juven Iential Services Outp | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien Pre-Treatment Assessment (Medicaid); Assessment: Mental Status E o-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 N tient - Co-Occurring Treatment; Juvenile Assessment Services Substa e Non-Residential Services Outpatient - Individual; Juvenile Non-Resid | ance Abuse Evaluation | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Co-Occurring | t Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurringe Non-Residential Services Partial Care; Juvenile Residential Services | lult Non-Residential les Partial Care; Adu Substance Abuse E n-Residential Service g Treatment; Juvenile | Services Outpatient - ilt Residential valuations; Juvenile es Outpatient - Family; e Non-Residential |

Mental Health Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | | | |
|--|--|--|--|--|--|--|--|
| Klein, Candance | CK Counseling | 318 Tilden St Holdrege NB 68949 | (308)991-3123 | (308)455-6242 | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | t Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - ily; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment rices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juven-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | tpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient erapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | | | | | |
| Other Services: | | | | | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 | | | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpa | aluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Residential Services Denile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residen (bio-psychosocial); Co-Occurring | dult Non-Residential ual Residential (MH/ lon-Residential Serv r; Juvenile Non-Resi | Services Outpatient - 'SA); Adult ices Care Monitoring dential Services | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Mitchell, James | Heartland Health Center, Inc | 104 W Seneca St Ravenna NB 68869 | (308)224-5192 | | | | |
| | | | | | | | |
| | 137 | utpatient Therapy including Family Sessions-Mental Health | | | | | |
| | Sliding Fee Scale; | .,, | | | | | |
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Acices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Reside | lult Non-Residential s Intervention/Educa | Services Intensive ation; Juvenile Non- | | | |

Juvenile Non-Residential Services Intensive Outpatient Treatment

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| | Name | Agency | Address | Phone | Fax |
|--------|---------------------------------------|---|--|---|---|
| | Juvenile Services: Other Services: | | | | |
| Riley, | Suzanne | Suzanne Riley Counseling LLC | 1917 W Faidley Ave Grand Island NB 68803 | (308)398-0350 | (308)398-0351 |
| | Substance Abuse Services: | Groups; Adult Non-Residential Services Ou Co-Occurring Treatment; Adult Non-Reside Non-Residential Services Intervention/Educ | use Evaluations; Adult Non-Residential Services Intervention/Education; utpatient - Family; Adult Non-Residential Services Outpatient - Individual ential Services Intensive Outpatient Treatment; Juvenile Assessment Services, Juvenile Non-Residential Services Outpatient - Groups; Juvenile ent - Individual; 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: | · | | | |
| | Juvenile Services: | Mental Health; Outpatient Therapy - Co-occ | alth; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Curring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt reatment Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/P | h; Intensive Outpatient: | Intensive Outpatient |
| | Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| | | | | | |

Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -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

Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental 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: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient -Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient -Co-Occurring Treatment: Juvenile Non-Residential Services Intensive Outpatient Treatment

Mental Health Services: Outpatient Therapy: Co-Occurring

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: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|--|--|--|---|---|
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residentia IH; Juvenile Non-Residential Services Outpatient - Groups; Juvenatient - Individual | ual; Adult Non-Residential Se Il Services Intervention/Educ | ervices Outpatient ation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | sessment (PTA); Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Outpatient 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: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpatic Co-Occurring Treatment; Juvenile Assessment Son-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Gr | ivaluations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residential Juvenile Non-Residential Services Outpatient - Family; Juvenile No-Occurring Treatment | n; Adult Non-Residential Serual; Adult Non-Residential Serus Intervention/Educ | ervices Outpatient ation; Juvenile |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpatic Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Outpatient Therapy; Pre-Treatment Assessment | ivaluations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residential Juvenile Non-Residential Services Outpatient - Family; Juvenile No-Occurring Treatment t (bio-psychosocial); Co-Occurring | n; Adult Non-Residential Serual; Adult Non-Residential Serual; Adult Non-Residential Services Intervention/Educ Non-Residential Services Out | ervices Outpatient ation; Juvenile tpatient - Individua |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpatic Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Outpatient Therapy; Pre-Treatment Assessment | ivaluations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residential Juvenile Non-Residential Services Outpatient - Family; Juvenile No-Occurring Treatment t (bio-psychosocial); Co-Occurring Outpatient Therapy including Group Sessions-Mental Health; Out | n; Adult Non-Residential Serual; Adult Non-Residential Serual; Adult Non-Residential Services Intervention/Educ Non-Residential Services Out | ervices Outpatient ation; Juvenile tpatient - Individua |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 | | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenil Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring Sliding Fee Scale; Hearing Impaired; | | | | | |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | | | |
| Mental Health Services: Juvenile 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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; 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-Resident Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder Sliding Fee Scale; | | | | | |
| Hendon, April | Region II- Human Services | 401 West 1st Ogallala NB 69153 | (308)534-6029 | | | |
| 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 Evaluati | ons; Juvenile Non- | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Hill, Jenee | Lotus Counseling LLC | 409 N Jeffers St North Platte NB 69101 | (308)532-5565 | (308)532-5575 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Servivenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - | dult Non-Residential rices Intervention/Ed | Services Outpatient - ucation; Juvenile | | |

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

Other Services:

Johnson, Jill Bryan Independence Center 1640 Lake St. Lincoln NB 68501

(402)481-5392

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment: Juvenile Non-Residential Services Partial Care: Juvenile Residential Services Short Term Residential

Mental Health Services: Juvenile Services:

Other Services: Bilingual Services;

Stermensky, Dr. Gage 1821 1st Ave Scottsbluff NB 69361 (417)413-0085

(308)832-4844

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 Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual

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

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 Evaluations: Juvenile Assessment Services Substance Abuse Evaluations

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

Juvenile Services: Assessment: Pre-Treatment Assessment (Medicaid): Assessment: Mental Status Exam (MSE): Assessment: Juvenile Who Sexually Harm Risk Assessment:

Assessment: Co-Occurring

Other Services:

Registered Service Providers for County: Keya Paha

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | | | |
|---------------------------|---|--|---|---|--|--|--|
| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 | | | |
| | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | Ilt Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-sidential Services Outpatient - Co-Occurring Treatment | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | tpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | | | | | |
| Other Services: | | | | | | | |
| Frank, Abigail | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | (402)336-2849 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | dult Non-Residential vices Intervention/Ed | Services Outpatient - ducation; Juvenile | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | . The second section is a | Family Occasions | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | , Assessment to Occurring | | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurresidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment | ing Treatment; Adult Services Substance | t Non-Residential Abuse Evaluations; | | | |
| Mental Health Services: | | | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occ | urring; Assessment: | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Hampton, Betty | Hampton Behavioral Health & Family Services, Inc | 116 West Douglas St Suite B O'Neill NB 68763 | (402)336-3200 | (402)336-3219 | | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | | | | |
| Mental Health Services: | | | | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu | ealth; Outpatient The | | | | |

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Registered Service Providers for County: Keya Paha

Other Services: Sliding Fee Scale; Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center: Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|--|
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | lult Non-Residential S es Partial Care; Adult Substance Abuse Ev n-Residential Services g Treatment; Juvenile | ervices Outpatient - Residential aluations; Juvenile Outpatient - Family Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kennedy, Jenna | 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 Intensive Outpatie | ssessment Services Substance Abuse Evaluations; Adult Non-Resider ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Resent Treatment; Adult Residential Services Short Term Residential; Juvices Outpatient - Groups; Juvenile Non-Residential Services Outpati | sidential Services Ou venile Assessment Se | tpatient - Individual; rvices Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Laffin, 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; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Francisco Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring Treatmen | amily; Adult Non-Resi rvices Intensive Outpa n; Juvenile Non-Resio utpatient - Family; Juv | dential Services atient Treatment; dential Services enile Non- |
| Mental Health Services: | • | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Oo | ccurring | |

Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy

Intensive Outpatient Therapy-Mental Health; Day Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid)

including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient:

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Registered Service Providers for County: Keya Paha

| Name | Agency | Add | dress | Phone | Fax |
|---------------------------|--|--|--|---|---|
| Mackling, Jamie | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3655 |
| 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 | nt - Family; Adult Non-Residential Services Intensive Outpatient Trea Juvenile Non-Residential Service | Services Outpatient - Individual; Adtment; Juvenile Assessment Services Outpatient - Groups; Juvenile No | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juvenies Outpatient - Family |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | | |

Mental Health Services: Juvenile Services:

Other Services: Hearing Impaired;

| ups; Adult Non-Residential Services Outpatier se Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services; istine Karell PC LLO It Assessment Services Substance Abuse Evaluationing SA/MH; Adult Non-Residential Services patient - Individual; Adult Non-Residential Services | 815 Flack Ave Alliance NB 69301 aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - For Evices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | venile Assessment Spatient - Groups; Juv (308)762-2723 ult Non-Residential Spanily; Adult Non-Re | Services Substance renile Non-Residentia Services Care residential Services |
|--|--|--|--|
| ups; Adult Non-Residential Services Outpatier se Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services; istine Karell PC LLO It Assessment Services Substance Abuse Evaluationing SA/MH; Adult Non-Residential Services patient - Individual; Adult Non-Residential Services | nt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpatient - Individual 815 Flack Ave Alliance NB 69301 aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Forces Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment - | venile Assessment Spatient - Groups; Juv (308)762-2723 ult Non-Residential Spanily; Adult Non-Re | Services Substance renile Non-Residentia Services Care residential Services |
| istine Karell PC LLO It Assessment Services Substance Abuse Evalitoring SA/MH; Adult Non-Residential Services patient - Individual; Adult Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | ult Non-Residential Samily; Adult Non-Re | sidential Services |
| istine Karell PC LLO It Assessment Services Substance Abuse Evalitoring SA/MH; Adult Non-Residential Services patient - Individual; Adult Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | ult Non-Residential Samily; Adult Non-Re | sidential Services |
| istine Karell PC LLO It Assessment Services Substance Abuse Evalitoring SA/MH; Adult Non-Residential Services patient - Individual; Adult Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | ult Non-Residential Samily; Adult Non-Re | sidential Services |
| It Assessment Services Substance Abuse Eva itoring SA/MH; Adult Non-Residential Services patient - Individual; Adult Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | ult Non-Residential Samily; Adult Non-Re | sidential Services |
| itoring SA/MH; Adult Non-Residential Service patient - Individual; Adult Non-Residential Serv | s Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| patient - Groups; Juvenile Non-Residential Ser | rvices Outpatient - Family, Juvenile Non-Residential Services Outpat | Juvenile Non-Resid | lential Services |
| patient Therapy; Pre-Treatment Assessment (l | bio-psychosocial); Co-Occurring | | |
| tal Health; Outpatient Therapy - Co-occurring; rapy-Co-occurring; Assessment: Co-Occurring | ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Ir | | |
| ing Fee Scale; | | | |
| us House Inc | 29 S Beltline Highway Scottsbluff NB 69361 | (308)635-1488 | |
| vidual; Juvenile Assessment Services Substar | | | |
| noos outpatione marviada | | | |
| | | | |
| | | | |
| | 515 Elm St Bayard NB 69334 | (308)631-5523 | |
| oa o | atient - Groups; Juvenile Non-Residential Seces Outpatient - Co-Occurring Treatment; Juvenile Therapy; Pre-Treatment Assessment (atient Therapy - Individual-Mental Health; Oual Health; Outpatient Therapy - Co-occurring apy-Co-occurring; Assessment: Co-Occurring apy-Co-occurring; Assessment: Co-Occurring apy-Co-occurring apy-Co- | atient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient cos Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment atient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring atient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I apy-Co-occurring; Assessment: Co-Occurring gree Scale; Is House Inc 29 S Beltline Highway Scottsbluff NB 69361 Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Addual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Interventices Outpatient - Individual 515 Elm St Bayard NB 69334 | atient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring atient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including al Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: apy-Co-occurring; Assessment: Co-Occurring ag Fee Scale; as House Inc 29 S Beltline Highway Scottsbluff NB 69361 Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual 515 Elm St Bayard NB 69334 (308)631-5523 Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual |

| Name | Agency | Address | Phone | Fax | |
|---|--|--|-----------------------|----------------------|--|
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Juvenile Assessment Services Substance Abuse Eva Services Outpatient - Groups; Juvenile Non-Residential Services Ou | luations; Juvenile No | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ent Assessment (Medicaid); Assessment: Co-Occurring | nt Therapy - Eating [| Disorder; Outpatient | |
| Other Services: | Sliding Fee Scale; | | | | |
| Crouch, Samuel | | 120 E 16th St Suite C Scottsbluff NB 69361 | (308)225-0500 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual; Juvices Outpatient - Individual | venile Assessment S | ervices Substance | |
| Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | | |
| Juvenile Services: | s: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Session Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; | , Assessment. The Treatment Assessment (Medicald), Assessment. | Co-Occurring | | |
| Eckland, Julie | | PO Box 1603 Scottsbluff NB 69363 | (308)225-4780 | (308)217-4277 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Erdman, Jamie | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)220-3291 | (308)635-7880 | |
| Substance Abuse Services: | Co-Occurring Treatment; Juvenile Assessment So | aluations; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser Juvenile Non-Residential Services Outpatient - Co-Occurring Treatn | vices Intervention/Ed | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring | ng; Assessment: Co- | -Occurring | |
| Other Services: | Sliding Fee Scale; | | | | |

| Name | Agency | Address | Phone | Fax |
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| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| | Individual; Adult Non-Residential Services Outpat Residential Services Intervention/Education; Juve Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adulent - Co-Occurring Treatment; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Indivi | ance Abuse Evaluati esidential Services | ons; Juvenile Non- Outpatient - Co- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio- | psychosocial); Co- |
| | Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring | t Therapy - Co-occu | rring; 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 Eva | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ns | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring | t Therapy - Co-occu | rring; Assessment: |
| Other Services: | , | • | | |
| Garcia, Karri | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1365 | (308)635-7880 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nonce Abuse Evaluations; Juvenile Non-Residential Services Outpatient | | |
| Mental Health Services: | Sorvices Surpanoni marviduai | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hajek, Marilyn | Destiny Counseling Services | 1023 10th Ave Sidney NB 69162 | (308)254-0737 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I t - Individual; Adult Non-Residential Services Intensive Outpatient Tre dential Services Outpatient - Groups; Juvenile Non-Residential Servi | eatment; Juvenile As | sessment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Agency | Address | Phone | Fax |
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| Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Groups; Adult Non-Residential Services Outpatier | nt - Individual; Juvenile Assessment Services Substance Abuse Evalu | ations; Juvenile Noi | |
| | | | |
| | | | |
| Sliding Fee Scale; | | | |
| Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Inc | ervices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | es Partial Care; Adu Substance Abuse E -Residential Service Treatment; Juvenil | ult Residential valuations; Juvenile es Outpatient - Family; e Non-Residential |
| | | | |
| Bilingual Services; | | | |
| Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Co-Occurring Treatment; Juvenile Assessment Se | ervices Substance Abuse Evaluations; Juvenile Non-Residential Servi | | |
| | | nt Assessment (bio- | psychosocial); Co- |
| Non-Treatment: Supervised Visitation; Non-Treatment Management Class; Non-Treatment: General Edu Mental Health; Outpatient Therapy including Fami Therapy-Mental Health; Assessment: Pre-Treatment: Family Support Worker | ıcation Class; Outpatient Therapy - İndividual-Mental Health; Outpatie ily Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intens | nt Therapy including ive Outpatient: Inter | g Group Sessions- nsive Outpatient |
| | Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Intervention/Education; Juvenile Non-Residential Services Outpatien Intervention/Education; Juvenile Non-Residential Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Residen Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Inservices Intensive Outpatient Treatment; Juvenile Services Intensive Outpatient Treatment; Juvenile Bilingual Services; Open Door Adult Assessment Services Substance Abuse Eva Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Treatment; Juvenile Pre-Treatment Asse Occurring Non-Treatment: Supervised Visitation; Non-Treatment: Supervised Visitation; Non-Treatment Management Class; Non-Treatment: General Edu Mental Health; Outpatient Therapy including Fam Therapy-Mental Health; Assessment: Pre-Treatment | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intervention/Education; Adult Assessment Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; Juvenile Assessment Services Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Adult Co-Occurring Freatment; Juvenile | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Outpatient Treatment; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential S |

| Name | Agency | Address | Phone | Fax | | |
|-------------------------|--|------------------------------------|---------------|---------------|--|--|
| Rodriguez, Juanita | ACCS Inc | 1917 Avenue A Scottsbluff NB 69361 | (308)633-1390 | (308)633-1393 | | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residenti Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual | | | | | |
| Mental Health Services: | ices: | | | | | |
| Juvenile Services: | Juvenile Services: Non-Treatment: General Education Class; Non-Treatment: Family Partner; Contracted Services: Electronic Monitoring Other Services: Sliding Fee Scale; | | | | | |
| Other Services: | | | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 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-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: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| 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 Outpatien Services Intensive Outpatient Treatment; Adult Ro Assessment Services Substance Abuse Evaluatio Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Resider SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Nont - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juvenivices Outpatient - Groups; Juvenile Non-Residential Services Outpatiential Services Outpati | n-Residential Servic ng Treatment; Adult ces Short Term Resi le Non-Residential S ent - Family; Juvenile | es Outpatient - Non-Residential dential; Juvenile Services Care Non-Residential |
| 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: Co-Occurring | atient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessn | y - Co-occurring; Inte | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Ro Juvenile Non-Residential Services Outpatient - G | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Short Term Residential; Juvenile Assessment Servicups; Juvenile Non-Residential Services Outpatient - Family; Juvenile tpatient - Co-Occurring Treatment; Juvenile Non-Residential Services | ng Treatment; Adult vices Substance Abu e Non-Residential So | Non-Residential use Evaluations; ervices Outpatient - |
| Mental Health Services: | Outpatient Therapy: Pre-Treatment Assessment (| (bio-psychosocial): Co-Occurring | | |
| | 137 | utpatient Therapy including Group Sessions-Mental Health; Outpatient | Therapy including F | Family Sessions- |
| Other Services: | Sliding Fee Scale; | • | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Not-Individual; Adult Non-Residential Services Outpatient - Co-Occurring | | |

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

Mental Health Services:

Juvenile Services: 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; Assessment: Psychological Evaluation; Assessment: Co-Occurring

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|--|---|--|
| Dorcey, Alicia | Grace Counseling Services, LLC. | P.O. Box 281 Wayne NB 68787 | (402)518-0490 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education and - Family; Adult Non-Residential Services Outpatient - Individuations: Substance Abuse Evaluations; Juvenile Non-Residential Juvenile Non-Residential Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | al; Adult Non-Residential Services Intervention/Ed | Services Outpatient lucation; 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; Outp der; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Pre-Treatment Assessment (Medica) | ensive Outpatient Therap | y-Mental Health; |
| Other Services: | Sliding Fee Scale; | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| | Occurring Treatment; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | ily; Adult Non-Residential Services Outpatient - Individual; Adult I Services Outpatient - Family; Juvenile Non-Residential Services C | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: Other Services: | Non-Treatment: Family Support Worker | | | |
| Gadeken, Angela | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)500-6870 | (402)500-6871 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | raluations; Adult Non-Residential Services Intervention/Education tient - Co-Occurring Treatment; Juvenile Assessment Services Senile Non-Residential Services Outpatient - Individual; Juvenile N | ubstance 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 Therapy - Co-occurring; Assessment: Co-Occurr | utpatient Therapy including Family Sessions-Mental Health; Outp ing | eatient Therapy - Eating [| Disorder; Outpatient |
| Other Services: | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult R | raluations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Octesidential Services Dual Residential (MH/SA); Juvenile Assessmamily; Juvenile Non-Residential Services Outpatient - Individual; | curring Treatment; Adult ent Services Substance | Non-Residential Abuse Evaluations; |

Mental Health Services:

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

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

Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| | Assessment: Pre-Treatment Assessment (Medica | aid) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hampton, Betty | Hampton Behavioral Health & Family Services, Inc | 116 West Douglas St Suite B O'Neill NB 68763 | (402)336-3200 | (402)336-3219 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Evaluation | ns | |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental He aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu | ealth; Outpatient The | |
| 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 | • | dult Non-Residential buse Evaluations; J | Services Intensive uvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A: | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services | dult Non-Residential ces Partial Care; Ad Substance Abuse I n-Residential Servic g Treatment; Juveni | Services Outpatient ult Residential Evaluations; Juvenile es Outpatient - Fami le Non-Residential |
| Mental Health Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Kennedy, Jenna | 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 - Ground Adult Non-Residential Services Intensive Outpati | ssessment Services Substance Abuse Evaluations; Adult Non-Re ups; Adult Non-Residential Services Outpatient - Family; Adult No ient Treatment; Adult Residential Services Short Term Residential rvices Outpatient - Groups; Juvenile Non-Residential Services Ou | n-Residential Services O ; Juvenile Assessment S | utpatient - Individual; ervices Substance |
| Mental Health Services: | · | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education. ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | I; Adult Non-Residential ervices Substance Abuse Non-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Non-Treatment: Anger Management Class; Non-including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual Therapy including Family Sessions-Mental Health; Outpatient Coutpatient: Intensive Outpatient Therapy-Co-occurring; Ass | Therapy - Co-occurring; | Intensive Outpatient: |
| Other Services: | (modicald), / loopeding, real risk | aunoni monore ramiy ricosivalion | | |
| Laffin, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | 7 (402)494-3337 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education: es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia Evaluations; Juvenile Non-Residential Services Intervention/Edual Services Outpatient - Groups; Juvenile Non-Residential Services onlie Non-Residential Services Outpatient - Co-Occurring Treatment | t - Family; Adult Non-Real Services Intensive Out cation; Juvenile Non-Real Soutpatient - Family; Ju | sidential Services patient Treatment; sidential Services venile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Indivious ient Therapy including Family Sessions-Mental Health; Outpatient Treatment Day Treatment-Mental Health; Assessment: Pre-Trea | Therapy - Co-occurring; | Intensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax | |
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| Lewis, Jackwlyn | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | | |
| Substance Abuse Services: | Occurring Treatment; Juvenile Non-Residential S | Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co- Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residentia Services Outpatient - Co-Occurring Treatment | | | |
| Mental Health Services: | , , | | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Outpatient Thera Services: Electronic Monitoring; Non-Treatment: I | py - Individual-Mental Health; Outpatient Therapy - Co-occurring; C Family Support Worker | ontracted Services: Tr | acker; Contracted | |
| Other Services: | | | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 | |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res | sessment Services Substance Abuse Evaluations; Adult Non-Resicult Non-Residential Services Outpatient - Individual; Adult Non-Reside Outpatient Treatment; Adult Residential Services Short Term Ridential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | idential Services Outp esidential; Juvenile As rvices Outpatient - Far | atient - Co-Occurring ssessment Services nily; Juvenile Non- | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Psychological Evaluation | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatig; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; SE); Assessment: Psychological Evaluation; Assessment: Co-Occu | Assessment: Pre-Trea | | |
| Other Services: | Sliding Fee Scale; | - ,, | 3 | | |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adu tt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juver ential Services Outpat | nile Assessment | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurr | ing | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatig; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health SE); Assessment: Co-Occurring; Non-Treatment: Family Support W | ; Assessment: Pre-Tre | atment Assessment | |
| 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; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; J vices Intervention/Education; Juvenile Non-Residential Services Out | uvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; 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-Occurring | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatien; 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; Aces Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juatient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re rrvices Substance Ab venile Non-Residenti | esidential Services ouse Evaluations; al Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bio | -psychosocial); Co- |
| | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpatic Treatment Assessment (Medicaid); Assessment: | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient Th Co-Occurring | -Mental Health; Outp erapy - Co-occurring | patient Therapy ; Assessment: Pre- |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
|--|--------|---------|-------|-----|--|
| Woslager, Tammy Women's Empowering Life Line 910 W Park Ave Norfolk NB 68701 (402)370-3140 | | | | | |
| Substance Abuse Services: Adult Emergency Services Social Detox; Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; | | | | | |

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

Mental Health Services:

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 - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

Other Services: Sliding Fee Scale; Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
|---------------------------|---|--|---|---|--|
| Alexis, Geraldine | Counseling Connections & Associates, LLC | 444 Regency Parkway Dr Suite 104 Omaha NB 68114 | (402)932-2296 | | |
| 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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; 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 - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | | atpatient Therapy including Group Sessions-Mental Health; Outpatien ; Community Treatment Aide; Assessment: Pre-Treatment Assessment | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Alexis, Geraldine | Counseling Connections & Associates, LLC | 444 Regency Parkway Dr Suite 104 Omaha NB 68114 | (402)932-2296 | | |
| | 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; Adults Outpatient - Groups; Adult Non-Residential Services Outpatient - Forces Outpatient - Co-Occurring Treatment; Juvenile Assessment Serducation; Juvenile Non-Residential Services Care Monitoring SA/MH; Prvices Outpatient - Family; Juvenile Non-Residential Services Outpatible-Prophysion-Prophy | amily; Adult Non-Re rvices Substance Ab Juvenile Non-Resid | sidential Services use Evaluations; ential Services | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Community Treatment Aide; Assessment: Pre-Treatment Assessme | t Therapy including I ent (Medicaid); Asse | Family Sessions- ssment: Co-Occurring | |
| Other Services: | Sliding Fee Scale; | | | | |
| Arsiaga, Tina | Connecting Links | 421 S 9th St Ste 107 Lincoln NB 68508 | (402)310-3816 | (402)904-7702 | |
| | Groups; Adult Non-Residential Services Outpatiel 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; Advervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; | |
| | Non-Treatment: Anger Management Class; Non- Sessions-Mental Health; Outpatient Therapy inclu Intensive Outpatient: Intensive Outpatient Therap | Freatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Iding Family Sessions-Mental Health; Outpatient Therapy - Eating Disy-Mental Health; Intensive Outpatient- Eating Dire-Treatment Assessment (Medicaid); Assessment: Co-Occurring | sorder; Outpatient Th | nerapy - Co-occurring; | |

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| Name | Agency | Address | Phone | Fax | | |
|------------------------------------|---|--|-----------------------|------------------------|--|--|
| Arsiaga, Tina | Connecting Links | 421 S 9th St Ste 107 Lincoln NB 68508 | (402)310-3816 | (402)904-7702 | | |
| | 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 | fult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - oups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile on-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; venile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential revices Intensive Outpatient Treatment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Sessions-Mental Health; Outpatient Therapy inclu Intensive Outpatient: Intensive Outpatient Therap | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; uding Family Sessions-Mental Health; Outpatient Therapy - Eating Dis ry-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating D re-Treatment Assessment (Medicaid); Assessment: Co-Occurring | sorder; Outpatient Ti | herapy - Co-occurring; | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | | |
| Bailey, Frank | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | (402)504-3882 | | |
| | Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; 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; Juvenile Non-Residential Services Outpatient Treatment | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; light Assessment (Medicaid); Assessment: Co-Occurring | | | | |
| 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; Adınt - Individual; Adult Non-Residential Services Intensive Outpatient Tidential Services Outpatient - Groups; Juvenile Non-Residential Servient | reatment; Juvenile A | ssessment Services | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring; Adults who Se | exually Harm Evaluation | | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | | |

Mental Health Services: Outpatient Therapy; Co-Occurring

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | | | |
|---------------------------|---|--|---------------|---------------|--|--|--|
| 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 | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Care ontoring 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; venile 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 - Fami | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | | | | |
| Juvenile Services: | ces: 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); Assessment: Mental Status Exam (MSE); 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 | 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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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 | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-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 - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid): Assessment: Mental Status Exam (MSE): Assessment: Co-Occurring | | | | | | |
| Other Services: | Sliding Fee Scale; | , | | | | | |
| Barrow, Denise | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | | | | |
| Substance Abuse Services: | ult 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; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; renile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Occurring Treatment; Juvenile Non-Residential Services Outpatient - Treatment | | | | | | |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|--|--|--|---|--|--|
| Barrow, Denise | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa | dult 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; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; venile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ntal Health; Non-Treatment: Intensive Family Preservation | | | | |
| Other Services: | | | | | | |
| Beideck, Lynn | | 1203 High Street Lincoln NB 68502 | (402)560-9558 | (402)742-6486 | | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In- Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adiervices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurringment Assessment (bio-psychosocial); Co-Occurring | ult Non-Residential es Substance Abuse -Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Ir int Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Beideck, Lynn | | 1203 High Street Lincoln NB 68502 | (402)560-9558 | (402)742-6486 | | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient 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 Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient Treatment Treatment Original Services Outpatient Treatment Original Services Intervention/Education; Adult Non-Residential Services Outpatient Treatment Original Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Original Services Outpatient Or | | | | | |

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

Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE)

Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient

Other Services: Sliding Fee Scale;

| 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; | | | | | |
| | utpatient Therapy; Mental Health Intensive Management; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment ssessment (bio-psychosocial); Co-Occurring | | | | | |
| | Assessment (Medicaid); Assessment: Mental Sta | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Citus Exam (MSE) | Co-occurring; Assess | sment: Pre-Treatment | | |
| 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; | 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-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; | | |
| Mental Health Services: | · • | agement; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Od | ccurring Evaluation (| C/O); Pre-Treatment | | |
| Juvenile Services: | (| by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Cutus Exam (MSE) | Co-occurring; Assess | sment: Pre-Treatment | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Bonebright, Curtis | Recovery Center | 3200 O St Ste 5 Lincoln NB 68510 | (402)742-9616 | (402)742-9116 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Reside patient Treatment | lult Non-Residential s s Intervention/Educa | Services Intensive tion; Juvenile Non- | | |
| Mental Health Services: | · | | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | Evening Reporting | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |

Family Preservation

Other Services:

| Name | Agency | Address | Phone | Fax |
|--|---|---|--|---|
| Bonebright, Curtis | Recovery Center | 3200 O St Ste 5 Lincoln NB 68510 | (402)742-9616 | (402)742-9116 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpa Outpatient Treatment; Juvenile Assessment S | Evaluations; Adult Non-Residential Services Intervention/ atient - Family; Adult Non-Residential Services Outpatient ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juveni putpatient Treatment | Individual; Adult Non-Residential dential Services Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment | nt: Evening Reporting | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bonebright, Lori | Recovery Center | 3200 O St Ste 5 Lincoln NB 68510 | (402)742-9616 | (402)742-9116 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpa Outpatient Treatment; Juvenile Assessment S | Evaluations; Adult Non-Residential Services Intervention/ atient - Family; Adult Non-Residential Services Outpatient ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juveni outpatient Treatment | Individual; Adult Non-Residential dential Services Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment | nt: Evening Reporting | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bonebright, Lori | Recovery Center | 3200 O St Ste 5 Lincoln NB 68510 | (402)742-9616 | (402)742-9116 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpa Outpatient Treatment; Juvenile Assessment S | Evaluations; Adult Non-Residential Services Intervention/ atient - Family; Adult Non-Residential Services Outpatient ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenioutpatient Treatment | Individual; Adult Non-Residential dential Services Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment | nt: Evening Reporting | | |
| Other Services: | Sliding Fee Scale; | | | |
| Borgmann, Margaret | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - C | roups; Adult Non-Residential Services Outpatient - Family o-Occurring Treatment; Juvenile Non-Residential Services Services Outpatient - Individual; Juvenile Non-Residential | Outpatient - Groups; Juvenile No | n-Residential Service |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessme | ent (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | ; Outpatient Therapy including Group Sessions-Mental Hering; Assessment: Pre-Treatment Assessment (Medicaid); | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|-------------------------|----------------------|
| Borgmann, Margaret | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Co-C | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Recurring Treatment; Juvenile Non-Residential Services Outpatient - Ovices Outpatient - Individual; Juvenile Non-Residential Services Outpatient | Groups; Juvenile Non-l | Residential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | trpatient Therapy including Group Sessions-Mental Health; Outpatier; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Turniny Frederivation | | | |
| Bottom, Julie | Omni Behavioral Health | 2300 South 13th St. Lincoln NB 68502 | (402)937-2115 | |
| Substance Abuse Services: | | ation; Adult Non-Residential Services Outpatient - Groups; Juvenile attervention/Education; Juvenile Non-Residential Services Outpatient | | |
| Mental Health Services: | · | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Bottom, Julie | Omni Behavioral Health | 2300 South 13th St. Lincoln NB 68502 | (402)937-2115 | |
| Substance Abuse Services: | | ation; Adult Non-Residential Services Outpatient - Groups; Juvenile Autoromoterient - Groups; Juvenile Non-Residential Services Outpatient | | |
| Mental Health Services: | Corridos Carpanonia marriada | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi | ation; Adult Non-Residential Services Outpatient - Groups; Adult Nordual; Juvenile Non-Residential Services Intervention/Education; Juvetient - Family; Juvenile Non-Residential Services Outpatient - Individual | enile Non-Residential S | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | |
| Juvenile Services: Other Services: | Non-Treatment: Day Reporting; Non-Treatment: E | Evening Reporting; Outpatient Therapy - Individual-Mental Health; Co | ommunity Treatment Ai | de |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---------------------|----------------------|
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv | cation; Adult Non-Residential Services Outpatient - Groups; Adult Noridual; Juvenile Non-Residential Services Intervention/Education; Juvenile ton-Residential Services Outpatient - Individual; | enile Non-Residenti | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: Other Services: | Non-Treatment: Day Reporting; Non-Treatment: I | Evening Reporting; Outpatient Therapy - Individual-Mental Health; Co | ommunity Treatmen | t Aide |
| Brittenham, BJ | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5391 | (402)481-5495 |
| 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; Juvices Intervention/Education; Juvenile Non-Residential Services Outplential Services Outplential Services Outpatient - Individual | venile Assessment | Services Substance |
| Mental Health Services: | | · | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility | | | |
| Other Services: | | | | |
| Brittenham, BJ | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5391 | (402)481-5495 |
| 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 lential Services Outpatient - Individual | venile Assessment | Services Substance |
| Mental Health Services: | ,,, | | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility | | | |
| Other Services: | | | | |
| Brown, Jennifer | Origins Behavioral Health | 2123 Winthrop Rd. Ste. B Lincoln NB 68502 | (402)489-9990 | (402)261-9202 |
| 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 Evalua | tions; 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 | o-psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indi | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess | sment (Medicaid); A | ssessment: Co- |
| Other Services: | | | | |

Juvenile Services: Non-Treatment: Anger Management Class

Other Services:

| Name | Agency | Address | Phone | Fax |
|--|--|---|---|---|
| Brown, Jennifer | Ponca Tribe of Nebraska | 1701 E St. Lincoln NB 68508 | (402)438-9222 | (402)438-9226 |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid | | venile Assessment S | Services Substance |
| | Outpatient Therapy; Pre-Treatment Assessment (| , | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien; g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: (| | Family Sessions- |
| Other Services: | | | | |
| Brown, Jennifer | Origins Behavioral Health | 2123 Winthrop Rd. Ste. B Lincoln NB 68502 | (402)489-9990 | (402)261-9202 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult N cient - Co-Occurring Treatment; Juvenile Assessment Services Substate Non-Residential Services Outpatient - Individual; Juvenile Non-Residential | ince Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | 3 | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess | ment (Medicaid); As | sessment: Co- |
| Other Services: | 3 | | | |
| Brown, Jennifer | Ponca Tribe of Nebraska | 1701 E St. Lincoln NB 68508 | (402)438-9222 | (402)438-9226 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpential Services Outpatient - Individual | venile Assessment S | Services Substance |
| 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: 0 | | Family Sessions- |
| Other Services: | | | | |
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment | ult Non-Residential s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Montain Toutin Oct vices. | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha | NB 68111 (402)830-3890 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - I vices Substance Abuse Evaluations; Juvenile Non-Reside le Non-Residential Services Outpatient - Family; Juvenile patient Treatment | ndividual; Adult Non-Residential S ential Services Intervention/Educati | ervices Intensive on; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Brundege, Lindsay | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Edent - Individual; Adult Non-Residential Services Outpatient | | |
| 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 Healt | th; Assessment: Co-Occurring | |
| Other Services: | | | | |
| Brundege, Lindsay | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Edent - Individual; Adult Non-Residential Services Outpatient | | |
| 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 Healt | th; Assessment: Co-Occurring | |
| Other Services: | | | | |
| Canning, Elizabeth | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - Intervention - Interventies Outpatient Treatment; Juvenile Assess; Juvenile Non-Residential Services Outpatient - Groups; adividual; Juvenile Non-Residential Services Outpatient - Interventies Outpatient - Interven | ndividual; Adult Non-Residential S ment Services Substance Abuse I Juvenile Non-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | the Outrotions The second is always | and the Constitute |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Healt g; Intensive Outpatient: Intensive Outpatient Therapy-Mer | | |
| | | | | |

| Name | Agency | Address | Phone | Fax |
|--------------------|--|--|--|---|
| Canning, Elizabeth | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | |
| | 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; As Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatieg; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; | | |
| Other Services: | (Medicald), Assessment. Co-Occurring | | | |
| 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; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; | | |
| 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 |
| | 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; Asservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (his payabasesial); Co-Occurring (his payabasesial | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment | | a CTI a service de la C | F'l O' |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

Juvenile Services: Other Services:

| 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 | | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| , | | | | |
| Juvenile Services: | | tpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- ntal Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | |
| Other Services: | | , | 00 000g | | | |
| 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 Outpatier Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Ion-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; uvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | - " - ' | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: 0 | | -amily Sessions- | | |
| Other Services: | Worker House, Suspending Thorapy So Societing | , / Noodoniant / To Treatment / Noodooment (Wednesday, / Noodooment | oo oodaning | | | |
| Chrisman, Whitney | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5396 | (402)481-5495 | | |
| Substance Abuse Services: | Outpatient - Groups; Juvenile Non-Residential Se | Evaluations; Juvenile Non-Residential Services Intervention/Education of the Properties Outpatient - Family; Juvenile Non-Residential Services Outpativenile Non-Residential Services Intensive Outpatient Treatment; Juvetesidential | ient - Individual, Juv | enile Non-Residential | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | | | | | | |
| Chrisman, Whitney | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5396 | (402)481-5495 | | |
| Substance Abuse Services: | Outpatient - Groups; Juvenile Non-Residential Se | Evaluations; Juvenile Non-Residential Services Intervention/Education of the various of the vari | ient - Individual; Juv | enile Non-Residential | | |
| Mental Health Services: | | | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|----------------------------|-------------------|
| Consbruck, Valerie | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5496 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Residential Services Short Term Residential vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient | l; Juvenile Assessment Ser | vices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: | Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Consbruck, Valerie | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5496 | |
| | Family; Adult Non-Residential Services Outpatier Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual | aluations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Residential Services Short Term Residential vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient | l; Juvenile Assessment Ser | vices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | , | | |
| | Outpatient Therapy - Co-occurring; Assessment: | , | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Cornish, Audrey | Second Chances Psychotherapy, LLC | 140 N 8th St Suite 430 Lincoln NB 68508 | (402)937-8570 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Attent - Co-Occurring Treatment; Juvenile Assessment Services Sele Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | Substance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | aluation | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | | | | |
| Cornish, Audrey | Second Chances Psychotherapy, LLC | 140 N 8th St Suite 430 Lincoln NB 68508 | (402)937-8570 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Attent - Co-Occurring Treatment; Juvenile Assessment Services Sele Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | Substance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | aluation | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| | | | | |

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---------------|---------------|
| Countryman, Carol | Carol Countryman N PC | 2120 S 56th St, Ste 206 Lincoln NB 68506 | (402)429-5365 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Educ int - Family; Adult Non-Residential Services Outpatient - Ind ervices 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: | | aluations; Adult Non-Residential Services Intervention/Educ int - Family; Adult Non-Residential Services Outpatient - Indi ervices Substance Abuse Evaluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Crazy Thunder, Clement | | 1936 F Street Apt 2 Lincoln NB 68510 | (303)944-6311 | |
| Substance Abuse Services: | | ssessment Services Substance Abuse Evaluations; Adult N ps; Adult Non-Residential Services Outpatient - Family; Ad Evaluations | | |
| Mental Health Services: | Suverille Assessment Services Substance Abuse | Evaluations | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Crazy Thunder, Clement | | 1936 F Street Apt 2 Lincoln NB 68510 | (303)944-6311 | |
| Substance Abuse Services: | | ssessment Services Substance Abuse Evaluations; Adult N ups; Adult Non-Residential Services Outpatient - Family; Ad Evaluations | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dawes, Hilary | CEDARS Youth Services | 6601 Pioneers Blvd Lincoln NB 68506 | (402)770-2211 | (402)437-8883 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations | | |
| | | | | |

Juvenile Services: Non-Treatment: Anger Management Class; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential;

| | Juvenile Residential Services Therapeutic Community or Therapeutic Group Home | | | | | |
|---------------------------|---|--|--|---|--|--|
| Name | Agency | Address | Phone | Fax | | |
| Dawes, Hilary | CEDARS Youth Services | 6601 Pioneers Blvd Lincoln NB 68506 | (402)770-2211 | (402)437-8883 | | |
| Substance Abuse Services: | Juvenile Assessment Services Substance | e Abuse Evaluations | | | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | ss; Assessment: Pre-Treatment Assessment (Medicaid); Assessr | ment: Co-Occurring | | | |
| Other Services: | | | | | | |
| Decker, Brad | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5268 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services (Outpatient Treatment; Adult Non-Resider Substance Abuse Evaluations; Juvenile N Residential Services Outpatient - Family; | buse Evaluations; Adult Non-Residential Services Intervention/Ed Outpatient - Family; Adult Non-Residential Services Outpatient - Intial Services Partial Care; Adult Residential Services Short Term Non-Residential Services Intervention/Education; Juvenile Non-R Juvenile Non-Residential Services Outpatient - Individual; Juvenivices Partial Care; Juvenile Residential Services Short Term Res | Individual; Adult Non-Residentia n Residential; Juvenile Assessm esidential Services Outpatient - nile Non-Residential Services Int | I Services Intensive ent Services Groups; Juvenile Non- | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | | | | | | |

Decker, Brad

Bryan Independence Center

1640 Lake St. Lincoln NB 68501

(402)481-5268

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 Intensive Outpatient Treatment: Adult Non-Residential Services Partial Care: Adult Residential Services Short Term Residential: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services - Groups; Juvenile Non-Residentia Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

Mental Health Services: Juvenile Services:

Other Services:

DeLanoit, Stacev Complete Behavioral Health 4565 S 133rd St Omaha NB 68137

(402)413-1420

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; 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; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Psychological Evaluation

Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: General Education 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; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE);

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency Addres | SS Phone Fax |
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Assessment: Psychological Evaluation; Assessment: Co-Occurring

Other Services:

DeLanoit, Stacey Complete Behavioral Health 4565 S 133rd St Omaha NB 68137

(402)413-1420

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; 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; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Psychological Evaluation

Juvenile Services: Non-Treatment: Anger Management Class: Non-Treatment: General Education 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; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation;

Assessment: Co-Occurring

Other Services:

Nebraska Urban Indian Health Inc Dirks, Tamara

2240 Landon Court Omaha NB 68102

(402)346-0902

(402)342-5290

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 Intensive Outpatient Treatment; Adult Residential Services Short Term Residential; 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 Intensive Outpatient Treatment: Juvenile Residential Services Short Term Residential

Mental Health Services:

Juvenile Services:

Other Services: Sliding Fee Scale;

Dirks. Tamara

Nebraska Urban Indian Health Inc

2240 Landon Court Omaha NB 68102

(402)346-0902

(402)342-5290

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 Intensive Outpatient Treatment: Adult Residential Services Short Term Residential; 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 Intensive Outpatient Treatment: Juvenile Residential Services Short Term Residential

Mental Health Services:

Juvenile Services:

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Dotzler, Jason | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | Occurring Treatment; Adult Non-Residential Serv | ly; Adult Non-Residential Services Outpatient - Individual; Ad ices Intensive Outpatient Treatment; Juvenile Non-Residentia nile Non-Residential Services Outpatient - Co-Occurring Trea | al Services Outpatient - Fam | ily; Juvenile Non- |
| Mental Health Services: | • | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; C Health; Intensive Outpatient: Intensive Outpatient Therapy-Co | | |
| Other Services: | | | | |
| Dotzler, Jason | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | Occurring Treatment; Adult Non-Residential Serv | ly; Adult Non-Residential Services Outpatient - Individual; Adices Intensive Outpatient Treatment; Juvenile Non-Residentianile Non-Residential Services Outpatient - Co-Occurring Treatment | al Services Outpatient - Fam | ily; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; C Health; Intensive Outpatient: Intensive Outpatient Therapy-Co | | |
| Other Services: | i reservation | | | |
| Drake, Maureen | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5398 | (402)481-5495 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Partial Care; Adult Residential Services Short Te Services Outpatient - Groups; Juvenile Non-Resi | aluations; Adult Non-Residential Services Outpatient - Groups t - Individual; Adult Non-Residential Services Intensive Outpa m Residential; Juvenile Assessment Services Substance Abu dential Services Outpatient - Family; Juvenile Non-Residentia ent; Juvenile Non-Residential Services Partial Care; Juvenile | atient Treatment; Adult Non- use Evaluations; Juvenile No I Services Outpatient - Indiv | Residential Service on-Residential idual; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Drake, Maureen | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5398 | (402)481-5495 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Partial Care; Adult Residential Services Short Te Services Outpatient - Groups; Juvenile Non-Resi | aluations; Adult Non-Residential Services Outpatient - Groups t - Individual; Adult Non-Residential Services Intensive Outpa rm Residential; Juvenile Assessment Services Substance Ab dential Services Outpatient - Family; Juvenile Non-Residentia ent; Juvenile Non-Residential Services Partial Care; Juvenile | atient Treatment; Adult Non- use Evaluations; Juvenile No I Services Outpatient - Indiv | Residential Service on-Residential idual; Juvenile Non- |

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

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| 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 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Indivibervices Substance Abuse Evaluations; Juvenile Non-Residentuvenile Non-Residentuvenile Non-Residential Services Outpatient - Family; Juvenile Co-Occurring Treatment | dual; Adult Non-Residential S tial Services Intervention/Edu | ervices Outpatient cation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; O g: Assessment: Pre-Treatment Assessment (Medicaid): Asses | | amily Sessions- |
| Other Services: | | g, , , , , , , , , , , , , , , , , , , | omomi de deceming | |
| 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 | dual; Adult Non-Residential S tial Services Intervention/Edu | ervices Outpatient cation; Juvenile |
| | 132 | utpatient Therapy including Group Sessions-Mental Health; O | utpatient Therapy including Fa | amily Sessions- |
| | | g; Assessment: Pre-Treatment Assessment (Medicaid); Asses | | · |
| Other Services: | | | | |
| Exstrom, Erica | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- e Assessment Services Substance Abuse Evaluations; Juveni 'amily; Juvenile Non-Residential Services Outpatient - Individu ial Services Intensive Outpatient Treatment | Occurring Treatment; Adult Nile Non-Residential Services (| Ion-Residential Dutpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial): Co-Occurring | | |
| | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| Exstrom, Erica | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult it - Individual; Adult Non-Residential Services Outpatient - Co-Occurrice Assessment Services Substance Abuse Evaluations; Juvenile Non-lamily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ng Treatment; Adult Residential Services | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | ental Health; Non-Treatment: Intensive Family Preservation | | |
| Other Services: | | | | |
| Faubel, Olivia | Daring Minds Therapy, LLC | 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512 | (531)289-1005 | (531)289-0002 |
| Cubstance Abuse dervices. | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult 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 | ng Treatment; Adult Residential Services | t Non-Residential s Outpatient - Groups; |
| | Pre-Treatment Assessment (bio-psychosocial); C | <u> </u> | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; In | | |
| Other Services: | | 9 | | |
| Faubel, Olivia | Daring Minds Therapy, LLC | 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512 | (531)289-1005 | (531)289-0002 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult it - Individual; Adult Non-Residential Services Outpatient - Co-Occurrice Assessment Services Substance Abuse Evaluations; Juvenile Non-lamily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ng Treatment; Adult Residential Services | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; In | | |
| Other Services: | | 9 | | |

Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Pre-Treatment Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Pre-Treatment Assessment (Medicaid); Asse

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|------------------|
| Frazell, Coral | St Monica's | 120 Wedgewood Dr. Lincoln NB 68510-2431 | (402)413-0327 | (402)441-3770 |
| Substance Abuse Services: | Individual; Adult Residential Services Short Term | valuations; Adult Non-Residential Services Outpatient - Family; Adult n Residential; Juvenile Assessment Services Substance Abuse Evalurvices Outpatient - Individual; Juvenile Residential Services Short Te | uations; Juvenile Non | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Mo | ental Health; Outpatient Therapy - Co-occurring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Frazell, Coral | St Monica's | 120 Wedgewood Dr. Lincoln NB 68510-2431 | (402)413-0327 | (402)441-3770 |
| Substance Abuse Services: | Individual; Adult Residential Services Short Term | valuations; Adult Non-Residential Services Outpatient - Family; Adult n Residential; Juvenile Assessment Services Substance Abuse Evalurvices Outpatient - Individual; Juvenile Residential Services Short Te | ations; Juvenile Non | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| 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; 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 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; Outpatieder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatmen | | |
| Other Services: | Cocaning | | | |
| 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; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

Fry, Jennifer 7410 South 33 Street Lincoln NB 68516 (402)975-2289

(402)975-2287

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: 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: Pre-Treatment Assessment (bio-psychosocial): Co-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 - Youth Who Sexually Harm; Outpatient Therapy - Eating Disorder; Outpatient

Therapy - Co-occurring: Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring

Other Services: Sliding Fee Scale; Bilingual Services;

7410 South 33 Street Lincoln NB 68516 Frv. Jennifer

(402)975-2289

(402)975-2287

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; 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; Pre-Treatment Assessment (bio-psychosocial); Co-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 - Youth Who Sexually Harm: Outpatient Therapy - Eating Disorder: Outpatient

Therapy - Co-occurring: Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring

Other Services: Sliding Fee Scale: Bilingual Services:

2109 S 24th St Lincoln NB 68502 Gilfillan, Dameon

(402)346-0902

(402)342-5290

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 Intensive Outpatient 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 Intensive Outpatient Treatment

Mental Health Services: Outpatient Therapy

Juvenile Services: Non-Treatment: General Education Class

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | lult Non-Residential s Intervention/Educa | Services Intensive tion; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Goodman, Emily | Emily L Goodman PC | 701 P St Suite 303 Lincoln NB 68508 | (531)510-0805 | |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider | ng Treatment; Juver | ile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; A | | |
| Other Services: | Sliding Fee Scale; | | | |
| Goodman, Emily | Emily L Goodman PC | 701 P St Suite 303 Lincoln NB 68508 | (531)510-0805 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider | ng Treatment; Juver | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; A | | |
| 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; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenilo es Outpatient - Family |

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

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Other Services: | Sessions-Mental Health; Outpatient Therapy - Co Sliding Fee Scale; | o-occurring; Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurrir | ng |
| 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 Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Educant - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessmer Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-d | ridual; Adult Non-Residential S nt Services Substance Abuse enile Non-Residential Services | Services Outpatient - Evaluations; Juvenile s 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; C g; Assessment: Pre-Treatment Assessment (Medicaid); Asse | | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Hammer, Carla | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Mental Health Services: | Outpatient - Groups; Juvenile Non-Residential Se | Evaluations; Juvenile Non-Residential Services Intervention/ ervices Outpatient - Family; Juvenile Non-Residential Service utpatient Therapy including Group Sessions-Mental Health; Cg; Assessment: Co-Occurring | s Outpatient - Individual | |
| Other Services: | | | | |
| Hammer, Carla | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Intervention/ervices Outpatient - Family; Juvenile Non-Residential Service | | dential Services |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; C g; Assessment: Co-Occurring | Outpatient Therapy including F | amily Sessions- |
| Other Services: | | | | |
| Hartmann, Shala | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Educant - Individual; Adult Non-Residential Services Outpatient - Co Non-Residential Services Intervention/Education; Juvenile Nadividual; Juvenile Non-Residential Services Outpatient - Co- | o-Occurring Treatment; Juveni on-Residential Services Outpo | le Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

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

Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE)

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Other Services: | | | | |
| Hartmann, Shala | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring | ring Treatment; Juver idential 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; Intensive ssment (Medicaid); Assessment: Mental Status Exam (MSE) | Outpatient: Intensive | e Outpatient Therapy- |
| Other Services: | | , | | |
| 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 Outpa | | | |
| | Outpatient Therapy; Adults who Sexually Harm E | | | |
| | Outpatient Therapy - Individual-Mental Health; Or Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Heath, Troy | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)937-4670 | |
| | | | | |
| | 1 32 | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | ivientai neatti | | | |
| 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; Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ed Residential Services C | Services Outpatient - ucation; Juvenile Outpatient - Individual; |
| | Outpatient Therapy - Individual-Mental Health; O | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | nt Therapy including | |

Mental Health Services: Juvenile Services: Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Other Services: | Exam (MSE); Assessment: Psychological Evaluat | ion; Assessment: Co-Occurring | | |
| 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 Outpatier Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | dult Non-Residential dices Intervention/Edu esidential Services C | Services Outpatient - ucation; Juvenile outpatient - Individual; |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | ssment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring; Psychologic | cal Evaluation |
| Juvenile Services: | | tpatient Therapy including Group Sessions-Mental Health; Outpatien; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | rsychological Evaluation, Assessment. Co-Occur | ing | | |
| Hill, Victoria | College View Harmony Health Center | 302 South 16th Street Suite B Aurora NB 68818 | (402)413-9147 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Outpatient Treatment; Juvenile Assessment Servi | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adces Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment | lult Non-Residential s Intervention/Educa | Services Intensive tion; Juvenile Non- |
| Mental Health Services: | Caronino Non Nocidential Convicto intensivo Cap | anone frounds. | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hill, Victoria | College View Harmony Health Center | 302 South 16th Street Suite B Aurora NB 68818 | (402)413-9147 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Outpatient Treatment; Juvenile Assessment Servi | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment | lult Non-Residential s Intervention/Educa | Services Intensive tion; Juvenile Non- |

Mental Health Services:

Mental Health

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | | Address | Phone | Fax |
|---------------------------|---|--|---|---|------------------|
| Hinrichs, Robin | | 7441 O St. Ste 4 | 02 Lincoln NB 68510-2466 | (402)483-4215 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | nt - Individual; Adult I Non-Residential Se | Non-Residential Services Outpatient - (vices Intervention/Education; Juvenile | Co-Occurring Treatment; Juvenil | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); (| o-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Status Exam (MSE); Assessment: Co-Occ | | luding Family Sessions-Mental Health | ; Outpatient Therapy - Co-occurr | ing; Assessment: |
| Other Services: | | | | | |
| Hinrichs, Robin | | 7441 O St. Ste 4 | 02 Lincoln NB 68510-2466 | (402)483-4215 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | nt - Individual, Adult I Non-Residential Se | Non-Residential Services Outpatient - Ovices Intervention/Education; Juvenile | Co-Occurring Treatment, Juvenil | e Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); (| o-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Status Exam (MSE); Assessment: Co-Oct | | luding Family Sessions-Mental Health | ; Outpatient Therapy - Co-occurr | ing; Assessment: |
| Other Services: | , , | 3 | | | |
| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | nt - Individual; Adult I Non-Residential Se | Non-Residential Services Outpatient - (vices Outpatient - Groups; Juvenile No | Co-Occurring Treatment; Juvenil on-Residential Services Outpatie | e Assessment |
| Mental Health Services: | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health | utpatient Therapy ind | luding Group Sessions-Mental Health; | Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | | |
| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | nt - Individual; Adult l Non-Residential Se | Non-Residential Services Outpatient - (vices Outpatient - Groups; Juvenile No | Co-Occurring Treatment; Juvenil on-Residential Services Outpatie | e Assessment |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services - Groups; Juvenile Non-Residentia

| Name | Agency | Address | Phone | Fax |
|--|--|--|---|--|
| Holmquist, Larry | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5494 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Short Term Residential; Juvenile Assessment Se Residential Services Care Monitoring SA/MH; Ju | aluations; Adult Non-Residential Services Intervention/Education; Adult On-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Intensive Outpatient Treatment; Adult Non-Residential Services rvices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Outpatient Treatment Residential | amily; Adult Non-Res S Partial Care; Adult F ces Intervention/Educ esidential Services O | sidential Services Residential Services cation; Juvenile Non- utpatient - Family; |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Holmquist, Larry | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5494 | |
| Substance Abuse Services: | | es Outpatient - Groups; Adult Non-Residential Services Outpatient - F | | sidential Services |
| | Outpatient - Individual; Adult Non-Residential Sel Short Term Residential; Juvenile Assessment Se Residential Services Care Monitoring SA/MH; Ju | rvices Intensive Outpatient Treatment; Adult Non-Residential Services rvices Substance Abuse Evaluations; Juvenile Non-Residential Servivenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Intensive Outpatient Treat | s Partial Care; Adult F ces Intervention/Educ esidential Services O | sidential Services Residential Services cation; Juvenile Non- outpatient - Family; |
| Mental Health Services: | Outpatient - Individual; Adult Non-Residential Ser Short Term Residential; Juvenile Assessment Se Residential Services Care Monitoring SA/MH; Ju- Juvenile Non-Residential Services Outpatient - Ir | rvices Intensive Outpatient Treatment; Adult Non-Residential Services rvices Substance Abuse Evaluations; Juvenile Non-Residential Servivenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Intensive Outpatient Treat | s Partial Care; Adult F ces Intervention/Educ esidential Services O | sidential Services Residential Services cation; Juvenile Non- outpatient - Family; |
| | Outpatient - Individual; Adult Non-Residential Ser Short Term Residential; Juvenile Assessment Se Residential Services Care Monitoring SA/MH; Jur Juvenile Non-Residential Services Outpatient - In Partial Care; Juvenile Residential Services Short | rvices Intensive Outpatient Treatment; Adult Non-Residential Services rvices Substance Abuse Evaluations; Juvenile Non-Residential Servivenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Intensive Outpatient Treat | s Partial Care; Adult F ces Intervention/Educ esidential Services O | sidential Services Residential Services cation; Juvenile Non- outpatient - Family; |
| Mental Health Services: Juvenile Services: | Outpatient - Individual; Adult Non-Residential Ser Short Term Residential; Juvenile Assessment Se Residential Services Care Monitoring SA/MH; Jur Juvenile Non-Residential Services Outpatient - In Partial Care; Juvenile Residential Services Short | rvices Intensive Outpatient Treatment; Adult Non-Residential Services rvices Substance Abuse Evaluations; Juvenile Non-Residential Servivenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Intensive Outpatient Treat | s Partial Care; Adult F ces Intervention/Educ esidential Services O atment; Juvenile Non- | sidential Services Residential Services cation; Juvenile Non- outpatient - Family; |
| Mental Health Services: Juvenile Services: Other Services: Huske, Tim | Outpatient - Individual; Adult Non-Residential Set Short Term Residential; Juvenile Assessment Set Residential Services Care Monitoring SA/MH; Jury Juvenile Non-Residential Services Outpatient - In Partial Care; Juvenile Residential Services Short Insight Recovery Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Non-Residential Services Non-Residential Services Substance Non-Residential Services Non | rvices Intensive Outpatient Treatment; Adult Non-Residential Services rvices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Ridividual; Juvenile Non-Residential Services Intensive Outpatient Treaterm Residential | s Partial Care; Adult F ces Intervention/Educ esidential Services O atment; Juvenile Non- (402)434-2730 ult Non-Residential S reatment; Juvenile As | sidential Services Residential Services cation; Juvenile Non- iutpatient - Family; Residential Services (402)434-3970 ervices Outpatient - ssessment Services |
| Mental Health Services: Juvenile Services: Other Services: Huske, Tim | Outpatient - Individual; Adult Non-Residential Set Short Term Residential; Juvenile Assessment Set Residential Services Care Monitoring SA/MH; Jury Juvenile Non-Residential Services Outpatient - In Partial Care; Juvenile Residential Services Short Insight Recovery Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Non-Residential Services Non-Residential Services Substance Non-Residential Services Non | rvices Intensive Outpatient Treatment; Adult Non-Residential Services rvices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Intensive Outpatient Treatment Residential 770 N Cotner Blvd Suite 309 Lincoln NB 68505 Taluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient Totidential Services Intervention/Residential Services Intensive Outpatient Totidential Services Intervention/Residential Services Intervention/Resi | s Partial Care; Adult F ces Intervention/Educ esidential Services O atment; Juvenile Non- (402)434-2730 ult Non-Residential S reatment; Juvenile As | sidential Services Residential Services cation; Juvenile Non- iutpatient - Family; -Residential Services (402)434-3970 ervices Outpatient - seessment Services |
| Mental Health Services: Juvenile Services: Other Services: Huske, Tim Substance Abuse Services: | Outpatient - Individual; Adult Non-Residential Set Short Term Residential; Juvenile Assessment Set Residential Services Care Monitoring SA/MH; Jur Juvenile Non-Residential Services Outpatient - In Partial Care; Juvenile Residential Services Short Insight Recovery Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpaties Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatien | rvices Intensive Outpatient Treatment; Adult Non-Residential Services rvices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Intensive Outpatient Treatment Residential 770 N Cotner Blvd Suite 309 Lincoln NB 68505 Taluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient Totidential Services Intervention/Residential Services Intensive Outpatient Totidential Services Intervention/Residential Services Intervention/Resi | s Partial Care; Adult F ces Intervention/Educ esidential Services O atment; Juvenile Non- (402)434-2730 ult Non-Residential S reatment; Juvenile As | sidential Services Residential Services cation; Juvenile Non- iutpatient - Family; Residential Services (402)434-3970 ervices Outpatient - ssessment Services |
| Mental Health Services: Juvenile Services: Other Services: Huske, Tim Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient - Individual; Adult Non-Residential Set Short Term Residential; Juvenile Assessment Set Residential Services Care Monitoring SA/MH; Jur Juvenile Non-Residential Services Outpatient - In Partial Care; Juvenile Residential Services Short Insight Recovery Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpaties Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatien | rvices Intensive Outpatient Treatment; Adult Non-Residential Services rvices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Intensive Outpatient Treatment Residential 770 N Cotner Blvd Suite 309 Lincoln NB 68505 Taluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Intensive Outpatient Totidential Services Intervention/Residential Services Intensive Outpatient Totidential Services Intervention/Residential Services Intervention/Resi | s Partial Care; Adult F ces Intervention/Educ esidential Services O atment; Juvenile Non- (402)434-2730 ult Non-Residential S reatment; Juvenile As | sidential Services Residential Services cation; Juvenile Non- iutpatient - Family; -Residential Services (402)434-3970 ervices Outpatient - seessment Services |

Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intensive Outpatient Treatment

Page 382 of 657

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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|---------------------------|--|--|---|---|---|
| Name | Agency | Ado | Iress | Phone | Fax |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| John-Beckstrom, Jolene | Vision-Focused Counseling | 4830 Wilshire Blvd Suite 101 | Lincoln NB 68504 | (402)217-0600 | (402)489-2644 |
| 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 | nt - Family; Adult Non-Residential Services Intensive Outpatient Treat Juvenile Non-Residential Services | Services Outpatient - Individual; A ment; Juvenile Assessment Servi s Outpatient - Groups; Juvenile No | Adult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental | | | | |
| Other Services: | | | | | |
| John-Beckstrom, Jolene | Vision-Focused Counseling | 4830 Wilshire Blvd Suite 101 | Lincoln NB 68504 | (402)217-0600 | (402)489-2644 |
| Substance Abuse Services: | 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 | nt - Family; Adult Non-Residential Services Intensive Outpatient Treat Juvenile Non-Residential Services | Services Outpatient - Individual; A ment; Juvenile Assessment Servic s Outpatient - Groups; Juvenile No | Adult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | • | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental | | | | |
| Other Services: | | | | | |
| Johnson, Eric | | 301 S 70th St Ste 313 Lincol | In NB 68510 | (402)309-6981 | (402)805-4404 |

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 Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient 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

Mental Health Services:

Juvenile Services:

Other Services: Sliding Fee Scale;

Other Services: Sliding Fee Scale;

| | Agency | Address | Phone | Fax |
|----------------------------------|--|--|--|---|
| Johnson, Eric | | 301 S 70th St Ste 313 Lincoln NB 68510 | (402)309-6981 | (402)805-4404 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Services Intervention/Education; | valuations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Family; Adult Non-Res Substance Abuse E on-Residential Servic | esidential Services Evaluations; Juvenile |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| 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 Outpatier Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Res Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occure Assessment Services Substance Abuse Evaluations; Juvenile Nor Services Outpatient - Groups; Juvenile Non-Residential Services Oesidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatieg; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ring Treatment; Adul n-Residential Service: utpatient - Family; Ju on-Residential Servic ent Therapy including Intensive Outpatient | t Non-Residential s venile Non-Residentia es Intensive Family Sessions- |
| | | | | ccurring |
| Other Services: | Sliding Fee Scale; | | | occurring |
| Other Services: Johnson, Jill | Sliding Fee Scale; Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Jones , LeTroy | Multicultural Youth & Family Counseling | 4830 Wilshire Blvd Lincoln NB 68505 | (402)890-1077 | (402)474-2583 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar Residential Services Short Term Residential; Juv Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Intervention/Education; Adult non-Residential Services Intension tient - Co-Occurring Treatment; Adult Non-Residential Services Intensional Educations; Juvenile Norvices Outpatient - Individual; Juvenile Non-Residential Services Coatient Treatment; Juvenile Residential Services Short Term Resident | sive Outpatient Trea Ion-Residential Serv Outpatient - Co-Occu | tment; Adult vices |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Jones , LeTroy | Multicultural Youth & Family Counseling | 4830 Wilshire Blvd Lincoln NB 68505 | (402)890-1077 | (402)474-2583 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar Residential Services Short Term Residential; Juv Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Intervention/Education; Adultient - Co-Occurring Treatment; Adult Non-Residential Services Intensional Englishment Services Substance Abuse Evaluations; Juvenile Noservices Outpatient - Individual; Juvenile Non-Residential Services Coatient Treatment; Juvenile Residential Services Short Term Resident | sive Outpatient Trea Ion-Residential Serv Outpatient - Co-Occu | tment; Adult vices |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Jordan, Kelsey | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reo-Occurring Treatment | fult Non-Residential ices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | | • | | |
| | Outpatient Therapy - Individual-Mental Health; On Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| Jordan, Kelsey | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reo-Occurring Treatment | dult Non-Residential rices Intervention/Edu | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | ' | • | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Co-Occurring | t Therapy including F | Family Sessions- |
| Other Services: | | · | | |
| Karas, Alice | Wellspring Behavioral Health | 1600 S. 70th Street Suite 200 Lincoln NB 68506 | (402)937-8323 | |
| | | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including F | Family Sessions- |
| Karas, Alice | Wellspring Behavioral Health | 1600 S. 70th Street Suite 200 Lincoln NB 68506 | (402)937-8323 | |
| | | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Co-Occurring | t Therapy including F | Family Sessions- |
| Other Services: | | | | |
| 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; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention | ng Treatment; Juven | ile Assessment |

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

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Juvenile Services:

Other Services:

Other Services: Sliding Fee Scale;

Agency

Name

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Address

Phone

Fax

| | 3 , | | | |
|---------------------------|--|--|--|---|
| Kelch, Tammy | | P.O. Box 264 Syracuse NB 68446 | (402)890-9957 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Intervention/Educatint - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile Note Occurring Treatment | Occurring Treatment; Juver | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Knight, Debra | Debra Davidson Counseling and Mediation | 4600 Valley Road Ste 319 Lincoln NB 68510 | (402)540-8650 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar | valuations; Adult Non-Residential Services Intervention/Educati 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 | 4600 Valley Road Ste 319 Lincoln NB 68510 | (402)540-8650 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Intervention/Educati 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; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (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 Outpate | raluations; Adult Non-Residential Services Care Monitoring SA. ent - Family; Adult Non-Residential Services Outpatient - Individences Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient Treatment; Adult Residential Services Intensive Outpatient Services Substance Abuse Evaluations; Juvatient - Groups; Juvenile Non-Residential Services Outpatient - Services Outpatient - Co-Occurring Treatment; Juvenile Non-F | dual; Adult Non-Residential vices Dual Residential (MH. venile Non-Residential Serv - Family; Juvenile Non-Resi | Services Outpatient /SA); Adult rices Care Monitoring dential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| | . , , | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve 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; Activities Intensive Outpatient Treatment; Adult Residential Services Denile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider | dult Non-Residential Dual Residential (MH Non-Residential Sen y; 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 | | |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kovanda, Willow | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile |
| 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-Mental Health; I n | | |
| Other Services: | Sliding Fee Scale; | 9 | | |
| Kovanda, Willow | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I | | |

Mental Health Services: Juvenile Services:

| 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 sidential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non- ervices Intensive Outpatient Treatment | tment; Adult Non-Reservices 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; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kumke, Melissa | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | (402)475-3300 |
| | Intensive Outpatient Treatment; Juvenile Non-Re- Non-Residential Services Outpatient - Family; Juv Occurring Treatment; Juvenile Non-Residential S | ' | Services Outpatient - | Groups; Juvenile |
| | | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | |
| Larsen, Nicole | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5880 | (402)481-5495 |
| Substance Abuse Services: | | aluations; Juvenile Non-Residential Services Outpatient - Groups; Jurvices Outpatient - Individual; Juvenile Non-Residential Services Inter | | |
| Mental Health Services: | Trooladina Golvico Grott Form Rooladina | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Larsen, Nicole | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5880 | (402)481-5495 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Outpatient - Family; Juvenile Non-Residential Ser Residential Services Short Term Residential | aluations; Juvenile Non-Residential Services Outpatient - Groups; Ju rvices Outpatient - Individual; Juvenile Non-Residential Services Inter | venile Non-Residen nsive Outpatient Tre | tial Services atment; Juvenile |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Other Services: | Bilingual Services; | | | |
| Larson, Kristin | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| | Residential; Adult Residential Services Short Terr | 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; | | | |
| 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 |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Lewallen, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)873-5505 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential | Services Outpatient - ducation; Juvenile |
| | 1 22 | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu | ırrina | |
| Other Services: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 9 | |
| Lewallen, Lori | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| | 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; Adservices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | Non-Treatment: Anger Management Class; Outpa | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|------------------------------------|--|--|---|---|
| Lewallen, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)873-5505 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occur | rring | |
| Other Services: | | | | |
| Lewallen, Lori | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| Juvenile Services: Other Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap | | |
| 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; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring (dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (dividual) | ng Treatment; Juver dential Services Out _l | 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); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Co-Occurring | nt Therapy - Co-occu | rring; Assessment: |
| Other Services: | Hearing Impaired; | 5 | | |
| 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; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring (dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (dividual) (div | ng Treatment; Juver dential Services Out _l | nile Assessment |

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

Mental Health Services: Outpatient Therapy; Co-Occurring Juvenile Services: Assessment: Co-Occurring

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| | Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Co-Occurring | t Therapy - Co-occur | ring; Assessment: |
| Other Services: | Hearing Impaired; | | | |
| 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 I tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juveni tial Services Outpation | le Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on; Psychological Eva | aluation |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatient Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); A ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co- | Assessment: Mental : | |
| Other Services: | , , , , , , , , , , , , , , , , , , , | · · · · · · · · · · · · · · · · · · · | 3 | |
| 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 I it - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juveni tial Services Outpation | le Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on; Psychological Eva | aluation |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); A ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co- | Assessment: Mental : | |
| Other Services: | | | 3 | |
| Mason, Amanda | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (531)500-5729 | (402)474-0012 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I ient - Co-Occurring Treatment; Juvenile Assessment Services Substa | | |

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Other Services:

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| Name | Agency | Address | Phone | Fax |
| Mason, Amanda | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (531)500-5729 | (402)474-0012 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Co-Occurring | | | |
| Other Services: | | | | |
| Maxwell, Alyssa | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)797-1150 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Intervention/Education; Actient - Co-Occurring Treatment; Juvenile Assessment Services Substenile Non-Residential Services Outpatient - Individual; Juvenile Non- | tance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Maxwell, Alyssa | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)797-1150 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | raluations; Adult Non-Residential Services Intervention/Education; Actient - Co-Occurring Treatment; Juvenile Assessment Services Subsenile Non-Residential Services Outpatient - Individual; Juvenile Non- | tance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (เดอ-psychosocial), Co-Occurning Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy is | actuding Group |
| Other Coming | | uding Family Sessions-Mental Health; Assessment: Co-Occurring | опрацент тнетару п | icidanig Group |
| | | | | |

Services Outpatient - Individual

Mental Health Services: Juvenile Services:

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Interventior nt - Family; Adult Non-Residential Services Outpatien ervices Substance Abuse Evaluations; Juvenile Non- ervenile Non-Residential Services Outpatient - Family; o-Occurring Treatment | t - Individual; Adult Non-Residential S Residential Services Intervention/Edu | Services Outpatient cation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | | reatment: Mentoring; Outpatient Therapy - Individual- uding Family Sessions-Mental Health; Assessment: C | | cluding Group |
| Other Services: | | | · | |
| McClure, Sean | Connecting Links | 421 S 9th St Ste 107 Lincoln NB 68508 | (402)875-0755 | |
| Mental Health Services: Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Care Monitoring SA/MH | nt - Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile Nor t; Juvenile Non-Residential Services Outpatient - Gro tient - Individual; Juvenile Non-Residential Services C ent | -Residential Services Intervention/Ecups; Juvenile Non-Residential Service | lucation; Juvenile es Outpatient - |
| Other Services: | | | | |
| McClure, Sean | Connecting Links | 421 S 9th St Ste 107 Lincoln NB 68508 | (402)875-0755 | |
| | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Care Monitoring SA/MF Family; Juvenile Non-Residential Services Outpat | ration; Adult Non-Residential Services Care Monitorinnt - Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile Nord; Juvenile Non-Residential Services Outpatient - Grotient - Individual; Juvenile Non-Residential Services Cast | t - Individual; Adult Non-Residential S -Residential Services Intervention/Edups; Juvenile Non-Residential Service | Services Outpatient lucation; Juvenile es Outpatient - |
| | Residential Services Intensive Outpatient Treatme | ent | | |
| | Residential Services Intensive Outpatient Treatme | eni | | |
| | Residential Services Intensive Outpatient Treatme | ent | | |
| Mental Health Services: | Residential Services Intensive Outpatient Treatme | ent | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| McMorris, Kimberly | | 8502 Underwood AVe Omaha NB 68114 | (402)507-9947 | (402)884-1312 |
| <u> </u> | | Evaluations; Adult Non-Residential Services Outpatient - Fami tance Abuse Evaluations; Juvenile Non-Residential Services (| ly; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | |
| | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educatio | Evaluations; Adult Non-Residential Services Intervention/Eductiont - Family; Adult Non-Residential Services Outpatient - Indial Services Intensive Outpatient Treatment; Juvenile Assessmen; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Control of the | vidual; Adult Non-Residential ent Services Substance Abus venile Non-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Co-occurri | Outpatient Therapy including Group Sessions-Mental Health; | Outpatient Therapy including | Family 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 Outpation Services Intensive Outpatient Treatment; Juver | Evaluations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Outpatient - C nile Assessment Services Substance Abuse Evaluations; Juve Family; Juvenile Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment | o-Occurring Treatment; Adultinate Non-Residential Services | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | nt (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Other Services. | | | | |

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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: Juvenile Non-Residential Services Intensive Outpatient Treatment

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

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

McNichols, Stephanie Alcohol & Drug Solutions 2109 S 24th St Lincoln NB 68502

(402)440-6496

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Outpatient - Groups: Adult Non-Residential Services Outpatient -Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services 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: 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 Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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: Juvenile Non-Residential Services Intensive Outpatient Treatment

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

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: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring: Assessment: Pre-Treatment Assessment (Medicaid): Assessment: Mental Status Exam (MSE): Assessment: Co-Occurring

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 Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

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

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|----------------------|------------------|
| Middagh, Todd | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie aid); Assessment: Mental Status Exam (MSE); Assessment: Juvenile | | |
| 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; Adults who Sexually Harm Evaluat | ion | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie aid); Assessment: Mental Status Exam (MSE); Assessment: Juvenile | | |
| Other Services: | , | | | |
| Monfelt-Siems, Jamie | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | Mentai i leattii | | | |
| Monfelt-Siems, Jamie | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Moreno Izaguirre, Raquel | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)309-9978 | (402)939-0666 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpa | ily; Adult Non-Residential Services Outpatient - Individual; Juvenile N tient - Individual | lon-Residential Serv | ces Outpatient - |
| Mental Health Services: | ,, | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Treatment: Intensive Family Preservation | utpatient Therapy including Family Sessions-Mental Health; Non-Tre | atment: Family Supp | ort Worker; Non- |
| Other Services: | Bilingual Services; | | | |

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Moreno Izaguirre, Raquel | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)309-9978 | (402)939-0666 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpa | ily; Adult Non-Residential Services Outpatient - Individual; Juvenile No | on-Residential Servi | ces Outpatient - |
| Mental Health Services: | • | tient - Individual | | |
| | Treatment: Intensive Family Preservation | utpatient Therapy including Family Sessions-Mental Health; Non-Trea | tment: Family Suppo | ort Worker; Non- |
| Other Services: | Bilingual Services; | | | |
| Murphy, Emily | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| 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; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Servivenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Intensive O | dult Non-Residential rices Intervention/Ed esidential Services (| Services Outpatient - ucation; Juvenile Outpatient - Individual; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Iເ ຕ | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | | | |
| Murphy, Emily | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| 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; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Intensive (| dult Non-Residential rices Intervention/Ed esidential Services (| Services Outpatient - ucation; Juvenile Outpatient - Individual; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; In g | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | | | |
| Neal, Ann | HopeSpoke | 2444 O St Lincoln NB 68510 | (402)475-7666 | (402)476-9623 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations | | |
| Mental Health Services: | | | | |

Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; 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; Bilingual Services;

| Name | Agency | Address | Phone | Fax |
|------------------------------------|--|--|--|---|
| Neal, Ann | HopeSpoke | 2444 O St Lincoln NB 68510 | (402)475-7666 | (402)476-9623 |
| Mental Health Services: | Juvenile Assessment Services Substance Abuse | | | |
| Juvenile Services: Other Services: | Assessment (Medicaid); Assessment: Juvenile W | Intensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Harm Risk Assessment | lly Harm; Assessme | nt: Pre-Treatment |
| Nider , Keri | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (308)765-2401 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including I | Family Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | g; Assessment: Co-Occurring | | |
| Nider , Keri | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (308)765-2401 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | _ | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Co-Occurring | t Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Ortiz-Vega, Adalis | Adalis Ortiz-Vega | 1368 E Normandy Blvd Deltona FL 32725 | (956)203-9601 | |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - For Co-Occurring Treatment | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juve | ng Treatment; Juver dential Services Outp | ile Assessment patient - Groups; |
| | Outpatient Therapy; Pre-Treatment Assessment | | t Thereny in aludia a | Tomily Cassians |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Co-Occurring | t Therapy including I | -anny Sessions- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| Ortiz-Vega, Adalis | Adalis Ortiz-Vega | 1368 E Normandy Blvd Deltona FL 32725 | (956)203-9601 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Ad It - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Intervention/Education; Juvenile Non-Re amily; Juvenile Non-Residential Services Outpatient - Individual; Ju | urring Treatment; Juven esidential Services Outp | ile Assessment atient - Groups; |
| 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; Outpat p; Assessment: Co-Occurring | tient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Parmer, Alisa | Heartland Family Service | 1941 S 42nd St Suite 375 Omaha NB 68105 | (402)552-7419 | (402)457-7791 |
| Mental Health Services: | Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring | ation; Juvenile Non-Res Outpatient - Family; Ju | idential Services venile Non- |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non-Sessions-Mental Health; Outpatient Therapy includes Assessment (Medicaid); Assessment: Co-Occurri | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Heal uding Family Sessions-Mental Health; Outpatient Therapy - Co-occ | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Parmer, Alisa | Heartland Family Service | 1941 S 42nd St Suite 375 Omaha NB 68105 | (402)552-7419 | (402)457-7791 |
| | 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; as Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educations of Services Outpatient - Groups; Juvenile Non-Residential Services onlie Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Res Services Intensive Outpation; Juvenile Non-Res outpatient - Family; Ju | sidential Services patient Treatment; idential Services venile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Sessions-Mental Health; Outpatient Therapy inclu Assessment (Medicaid); Assessment: Co-Occurri | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Heal uding Family Sessions-Mental Health; Outpatient Therapy - Co-occ ng | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|-------------------------------------|
| Patent, Cristin | HopeSpoke | 2444 O St Lincoln NB 68510 | (402)475-7666 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Foo-Occurring Treatment; Juvenile Non-Residential Services Intensive | dult Non-Residential S vices Intervention/Edu Residential Services Ou | ervices Outpatient cation; 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, | | · · | |
| Patent, Cristin | HopeSpoke | 2444 O St Lincoln NB 68510 | (402)475-7666 | |
| | 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; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - | Adult Non-Residential S vices Intervention/Educ Residential Services Ou | ervices Outpatient cation; 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: | | amily Sessions- |
| Other Services: | Sliding Fee Scale; | ,,, | 3 | |
| Pawlowski, Kristi | New Hope Counseling LLC | 8101 O St Suite 300 Lincoln NB 68510 | (402)405-7922 | |
| | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser Outpatient Therapy; Pre-Treatment Assessment | · | venile Assessment Ser | vices Substance |
| | Non-Treatment: General Education Class; Outpa | tient Therapy - Individual-Mental Health; Outpatient Therapy includin patient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient | | |
| Other Services: | occanning, riscoccanicina do decarring | | | |
| Pawlowski, Kristi | New Hope Counseling LLC | 8101 O St Suite 300 Lincoln NB 68510 | (402)405-7922 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual; Juvices Outpatient - Individual | venile Assessment Ser | vices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | tient Therapy - Individual-Mental Health; Outpatient Therapy includir patient: Intensive Outpatient Therapy-Mental Health; Intensive Outpa | | |

occurring; Assessment: Co-Occurring

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv vices Substance Abuse Evaluations; Juvenile Non-Residentia le Non-Residential Services Outpatient - Family; Juvenile Non patient Treatment | ridual; Adult Non-Residential S I Services Intervention/Educa | Services Intensive tion; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv vices Substance Abuse Evaluations; Juvenile Non-Residentia de Non-Residential Services Outpatient - Family; Juvenile Non patient Treatment | ridual; Adult Non-Residential S I Services Intervention/Educa | Services Intensive tion; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Pelster-Hess, Brooke | Blue Valley Behavioral Health | 1123 N 9th St Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Educa ent - Individual; Adult Non-Residential Services Outpatient - C e Assessment Services Substance Abuse Evaluations; Juver Services Outpatient - Groups; Juvenile Non-Residential Serv Treatment; Juvenile Non-Residential Services Intensive Outpa | o-Occurring Treatment; Adult nile Non-Residential Services vices Outpatient - Individual; J | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Pelster-Hess, Brooke | Blue Valley Behavioral Health | 1123 N 9th St Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Educated - Individual; Adult Non-Residential Services Outpatient - Core Assessment Services Substance Abuse Evaluations; Juver Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Outpatient; Juvenile Non-Residential Services Intensive Outpatient | o-Occurring Treatment; Adult nile Non-Residential Services vices Outpatient - Individual; J | Non-Residential |
| | | | | |

Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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 Intensive Outpatient 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;

| Name | Agency | Address | Phone | Fax |
|--|--|---|--|---|
| Other Services: | Sliding Fee Scale; | | , | , |
| Pennell, Nancy | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5379 | (402)481-5495 |
| Substance Abuse Services: | | e Evaluations; Juvenile Non-Residential Services Outpatient - Gro ervices Outpatient - Individual; Juvenile Non-Residential Services | | |
| Mental Health Services: Juvenile Services: Other Services: | | | | |
| Pennell, Nancy | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5379 | (402)481-5495 |
| Substance Abuse Services: | | e Evaluations; Juvenile Non-Residential Services Outpatient - Gro | | |
| | Outpatient - Family, Juvenile Non-Residential Se | ervices Outpatient - Individual; Juvenile Non-Residential Services | Intensive Outpatient Tre | atment |
| Mental Health Services: | | ervices Outpatient - Individual; Juvenile Non-Residential Services | Intensive Outpatient Tre | atment |
| Mental Health Services: Juvenile Services: | | ervices Outpatient - Individual; Juvenile Non-Residential Services | intensive Outpatient Tre | atment |
| | | ervices Outpatient - Individual; Juvenile Non-Residential Services | Intensive Outpatient Tre | atment |
| Juvenile Services: | | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Juvenile Services: Other Services: | Pine Lake Behavioral Health, LLC Adult Assessment Services Substance Abuse E- Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Services Intervention/Education | | (402)434-2730 ; Adult Non-Residential nt - Family; Adult Non-Re rices Substance Abuse E e Non-Residential Services | (402)434-3970 Services Care esidential Services Evaluations; Juvenile |
| Juvenile Services: Other Services: Porter, Holly | Pine Lake Behavioral Health, LLC Adult Assessment Services Substance Abuse E- Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 valuations; Adult Non-Residential Services Intervention/Education tes Outpatient - Groups; Adult Non-Residential Services Outpatier tervices Intensive Outpatient Treatment; Juvenile Assessment Services, Juvenile Non-Residential Services Outpatient - Groups; Juvenile | (402)434-2730 ; Adult Non-Residential nt - Family; Adult Non-Re rices Substance Abuse E e Non-Residential Services | (402)434-3970 Services Care esidential Services Evaluations; Juvenile |
| Juvenile Services: Other Services: Porter, Holly Substance Abuse Services: | Pine Lake Behavioral Health, LLC Adult Assessment Services Substance Abuse E- Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 valuations; Adult Non-Residential Services Intervention/Education tes Outpatient - Groups; Adult Non-Residential Services Outpatier tervices Intensive Outpatient Treatment; Juvenile Assessment Services, Juvenile Non-Residential Services Outpatient - Groups; Juvenile | (402)434-2730 ; Adult Non-Residential nt - Family; Adult Non-Re rices Substance Abuse E e Non-Residential Services | (402)434-3970 Services Care esidential Services Evaluations; Juvenile |
| Juvenile Services: Other Services: Porter, Holly Substance Abuse Services: Mental Health Services: Juvenile Services: | Pine Lake Behavioral Health, LLC Adult Assessment Services Substance Abuse E- Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 valuations; Adult Non-Residential Services Intervention/Education tes Outpatient - Groups; Adult Non-Residential Services Outpatier tervices Intensive Outpatient Treatment; Juvenile Assessment Services, Juvenile Non-Residential Services Outpatient - Groups; Juvenile | (402)434-2730 ; Adult Non-Residential nt - Family; Adult Non-Re rices Substance Abuse E e Non-Residential Services | (402)434-3970 Services Care esidential Services Evaluations; Juvenile |

Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intensive Outpatient Treatment

Mental Health Services:

Juvenile Services:

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Posvar, Christina | HopeSpoke | 2444 O Street Lincoln NB 68510 | (402)475-7666 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family - | lult Non-Residential Sices Intervention/Educ | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier Harm Treatment; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Posvar, Christina | HopeSpoke | 2444 O Street Lincoln NB 68510 | (402)475-7666 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reo-Occurring Treatment | lult Non-Residential Sices Intervention/Educ | ervices Outpatient cation; Juvenile |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier Harm Treatment; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Prescott, Sara | Whitehall | 5845 Huntington Avenue Lincoln NB 68507 | (402)471-6969 | |
| Substance Abuse Services: | Juvenile Residential Services Therapeutic Comm Treatment Center; Juvenile Residential Services | unity or Therapeutic Group Home; Juvenile Residential Services Exte Short Term Residential | ended Residential or S | A Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- Independent Living | Treatment: General Education Class; Non-Treatment: Employment Pl | acement Program; Ou | ıt-Of-Home: |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| Prescott, Sara | Whitehall | 5845 Huntington Avenue Lincoln NB 68507 | (402)471-6969 | |
| Substance Abuse Services: | Juvenile Residential Services Therapeutic Comm Treatment Center; Juvenile Residential Services | unity or Therapeutic Group Home; Juvenile Residential Services Exte Short Term Residential | ended Residential or S | A Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non-Independent Living | Treatment: General Education Class; Non-Treatment: Employment Pl | acement Program; Ou | ıt-Of-Home: |

Other Services: Sliding Fee Scale; Hearing Impaired; Bilingual Services;

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--------------------|
| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | (402)212-0282 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual | venile Assessment S | Services Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | (402)212-0282 |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual | venile Assessment S | Services Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring (dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (dividual) | ng Treatment; Juver Iential Services Out _l | nile Assessment |
| 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: 0 | | Family Sessions- |
| Other Services: | Montal House, Galpation Horapy Go coourning | , roccommitte realment roccommit (medicala), roccommitte | 50 Coodining | |
| 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 Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring (Individual); Juvenile Non-Residential Services (Individual); Juvenile Non-Residential Services (Individual); Juvenile Non-Residential Services (Individual); Juvenile | ng Treatment; Juver Iential Services Out _l | nile Assessment |
| | | | | |

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: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

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

| Name | Agency | Address | Phone | Fax |
|--|---|--|--|--|
| Rohren, Brenda | Behavioral Health Resources, LLC | 7441 O Street, Suite 107 Lincoln NB 68510 | (402)486-1101 | (402)486-4342 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | • | Adult Non-Residential ervices Intervention/Ed | Services Outpatient - ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | · · · · · · · · · · · · · · · · · · · | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmen | | |
| Other Services: | , , | | | |
| Rohren, Brenda | Behavioral Health Resources, LLC | 7441 O Street, Suite 107 Lincoln NB 68510 | (402)486-1101 | (402)486-4342 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | Adult Non-Residential ervices Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmer | | |
| Other Services: | | | | |
| Ropte, Kerry | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Substance Abuse Services: Mental Health Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Set 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; and outpatient - Groups; Adult Non-Residential Services Outpatient revices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educations outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment (bio-psychosocial): Co-Occurring | Family; Adult Non-Re Services Intensive Ou ation; Juvenile Non-Re Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | | (blo-psychosocial), co-occurring utpatient Therapy including Group Sessions-Mental Health; Outpat | ient Therapy - Co-occu | urring; Intensive |
| | | Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occi | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Ropte, Kerry | 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 | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Sernile Non-Residential Services Outpatient - Co-Occurring Treatment | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Ropte, Kerry | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Mental Health Services: | Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | es Outpatient - Groups; Adult Non-Residential Services Outpatient - Forces Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educatial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Onile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial); Co-Occurring | ervices Intensive Out on; Juvenile Non-Res Outpatient - Family; Ju | patient Treatment; sidential Services uvenile Non- |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur tus Exam (MSE); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | , , , , , , , , , , , , , , , , , , , | | |
| Ropte, Kerry | 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 | 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 nile Non-Residential Services Outpatient - Co-Occurring Treatment | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Outpatient - Individual: Adult Non-Residential Services Outpatient - Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient Treatment: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-

| 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 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 c; 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; Juveni |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Olistian Face Ocale Handing Language Billians I Oc | | | |
| Other Services. | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Schlechte, Birgit | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | (402)441-8491 |
| Juvenile Services: | Non-Residential Services Intervention/Education; | | on-Residential Servic | |
| Schottel, Ronicka | Pine Lake Behavioral Health. LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Corlottor, Normona | | | (102) 10 1 27 00 | |
| 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-Residential Residential Services Outpatient - Individual; Juve | 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 Evaluations; Juvenile Non-Residential Services Intervention/Educal al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re Services Intensive Oution; Juvenile Non-Re Outpatient - Family; J | Services Care esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Substance Abuse Services: 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-Residentia | es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educated Services Outpatient - Groups; Juvenile Non-Residential Services | Family; Adult Non-Re Services Intensive Oution; Juvenile Non-Re Outpatient - Family; J | Services Care esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | 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 | es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educated Services Outpatient - Groups; Juvenile Non-Residential Services | Family; Adult Non-Re Services Intensive Oution; Juvenile Non-Re Outpatient - Family; J | Services Care esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Mental Health Services: Juvenile 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 | es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educated Services Outpatient - Groups; Juvenile Non-Residential Services | Family; Adult Non-Re Services Intensive Oution; Juvenile Non-Re Outpatient - Family; J | Services Care esidential Services tpatient Treatment; sidential Services uvenile Non- |

Residential Services Outpatient - Individual; Juvenile Non-Residential Services

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---------------------|--------------------|
| | Outpatient - Co-Occurring Treatment; Juvenile No | on-Residential Services Intensive Outpatient Treatment | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Schulte, Samantha | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)649-0824 | |
| Substance Abuse Services: | Individual; Juvenile Assessment Services Substa | aluations; Adult Non-Residential Services Intervention/Education; Ance Abuse Evaluations; Juvenile Non-Residential Services Interven | | |
| Mental Health Services: | Services Outpatient - Individual | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schulte, Samantha | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)649-0824 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ance Abuse Evaluations; Juvenile Non-Residential Services Interven | | |
| Mental Health Services: | Corvices Carpation: maintagar | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schumacher, Robin | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5268 | (402)481-5495 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; vices Intervention/Education; Juvenile Non-Residential Services Oential Services Outpatient - Individual | Juvenile Assessment | Services Substance |
| Mental Health Services: | | · | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Schumacher, Robin | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5268 | (402)481-5495 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; vices Intervention/Education; Juvenile Non-Residential Services Oential Services Outpatient - Individual | Juvenile Assessment | Services Substance |
| Mental Health Services: | • | · | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| 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 | | vices Outpatient - Inc | dividual; Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | | |
| | Outpatient Therapy - Individual-Mental Health; O Psychological Evaluation; Assessment: Co-Occu Sliding Fee Scale; | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess rring | sment (Medicaid); As | ssessment: |
| Other Services. | Silding Fee Scale; | | | |
| 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 | raluations; Adult Non-Residential Services Outpatient - Individual; Adustervices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Serviceatment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | vices Outpatient - Inc | dividual; Juvenile Non |
| | | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess | | |
| Other Services: | Sliding Fee Scale; | 5 | | |
| 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; Adult 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 Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatien nent: Co-Occurring | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | | | | |
| 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; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | 137 | • • • | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatien nent: Co-Occurring | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|--|---|--|--|---|
| Sievers, Jenny | CEDARS Youth Services | 6601 Pioneers Blvd Lincoln NB 68506 | (402)904-3271 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Group rvices Outpatient - Individual; Juvenile Non-Residential Services Ou | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpation; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | |
| Other Services: | G | | | |
| Sievers, Jenny | CEDARS Youth Services | 6601 Pioneers Blvd Lincoln NB 68506 | (402)904-3271 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Group rvices Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Individu | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpation; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | |
| Other Services: | 3 | | | |
| Sizer, Elizabeth | Liz Sizer Counseling LLC | 5539 S 27th St Suite 104 Lincoln NB 68512 | (402)261-8313 | |
| | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Juvenile Assessment St | | Adult Non-Residential Services Intervention/Educ | rvices Outpatient ation, Juvenile |
| | , | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therany including Fa | |
| | | | | milv Sessions- |
| | , , | der; Outpatient Therapy - Co-occurring | che merapy including ra | mily Sessions- |
| Other Services: | , , | | on merapy including ra | mily Sessions- |
| Other Services: Sizer, Elizabeth | , , | | (402)261-8313 | mily Sessions- |
| Sizer, Elizabeth Substance Abuse Services: | Liz Sizer Counseling LLC Adult Assessment Services Substance Abuse Everagroups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring Treatment - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | der; Outpatient Therapy - Co-occurring 5539 S 27th St Suite 104 Lincoln NB 68512 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-o-Occurring Treatment | (402)261-8313 dult Non-Residential Services Intervention/Educ | vices Outpatient - ervices Outpatient ation; Juvenile |
| Sizer, Elizabeth Substance Abuse Services: Mental Health Services: | Liz Sizer Counseling LLC Adult Assessment Services Substance Abuse Everagroups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Str. Non-Residential Services Outpatient - Groups; Judyuenile Non-Residential Services Outpatient - Coupatient Therapy; Pre-Treatment Assessment (| der; Outpatient Therapy - Co-occurring 5539 S 27th St Suite 104 Lincoln NB 68512 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-o-Occurring Treatment | (402)261-8313 dult Non-Residential Selection Selection Selection (Adult Non-Residential Selection) Residential Services Output Re | vices Outpatient - ervices Outpatient ation; Juvenile epatient - Individua |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|---|--|---------------------|--|
| Suess, Phillip | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juver itial Services Outpat | nile Assessment | |
| 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; Assessment: Psychological Evaluation; Assessment: Co-Occurring | t Therapy including | Family Sessions- | |
| Other Services: | Sliding Fee Scale; | | | | |
| Suess, Phillip | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 | |
| 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 - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenil 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; Psychological Evaluation | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Assessment: Psychological Evaluation; Assessment: Co-Occurring | t Therapy including | Family Sessions- | |
| Other Services: | Sliding Fee Scale; | | | | |
| Sullivan, Erica | Erica JW Sullivan, LLC | 8101 O Street Ste 300 Lincoln NB 68510 | (402)882-2226 | (888)959-0716 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring (1997) | ng Treatment; Juver dential Services Out _l | 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): Assessm | trpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring | t Therapy - Co-occu | ırring; Assessment: | |
| Other Services: | (, | | | | |
| Sullivan, Erica | Erica JW Sullivan, LLC | 8101 O Street Ste 300 Lincoln NB 68510 | (402)882-2226 | (888)959-0716 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring (1998) | ng Treatment; Juver dential Services Out _l | nile Assessment | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | | |
| | | | | | |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

Other Services:

Tamayo, Kelly Complete Behavioral Health 4565 S 133rd St Omaha NB 68137

(402)590-2947

(402)590-2030

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

Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; 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: Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation

Other Services:

Complete Behavioral Health Tamayo, Kelly

4565 S 133rd St Omaha NB 68137

(402)590-2947

(402)590-2030

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

Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; 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: Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation

Other Services:

Thomas, Christina

Lutheran Family Services of NE Inc.

2301 O St Lincoln NB 68510

(402)441-7940

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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

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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| 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/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Properties of 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 Oution; Juvenile Non-Re Outpatient - Family; J | esidential Services atpatient Treatment esidential Services luvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Thompson, Jessie | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | (402)441-8491 |
| Mental Health Services: | 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 Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment (bio-psychosocial); Co-Occurring | Services Intensive Ou tion; Juvenile Non-Re Outpatient - Family; J | tpatient Treatmen esidential Services luvenile Non- |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Thompson, Jessie | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | (402)441-8491 |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residenti Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Non-Residential Services Intervention/Educations; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Re Services Intensive Oution; Juvenile Non-Re Outpatient - Family; J | esidential Services atpatient Treatmen esidential Services luvenile Non- |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| 0.1 0 1 | | | | |

Mental Health Services: Juvenile Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential

| 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 - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm | valuations; Adult Non-Residential Services Intervention/Education; A sent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services & Residential Services Short Term Residential; Juvenile Assessment Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile - Individual; Juvenile Non-Residential Services Outpatient - Content - Individual; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Individual Services Outpatient - Indi | Adult Non-Residentia Dual Residential (MF Services Substance uvenile Non-Resident | I Services Outpatient I/SA); Adult Abuse Evaluations; ial Services Outpatier |
| Mental Health Services: | 1 132 | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| | Co-Occurring Treatment: Adult Non-Residential S | Services Intensive Outpatient Treatment: Adult Residential Services | Dual Residential (MF | I Services Outpatient - I/SA): Adult |
| Mental Health Services: Juvenile Services: | Residential Šervices Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring | Services Intensive Outpatient Treatment; Adult Residential Services t Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Jupatient - Individual; Juvenile Non-Residential Services Outpatient - Content | Services Substance uvenile Non-Resident | I/SA); Adult Abuse Evaluations; ial Services Outpatiel |
| Juvenile Services: | Residential Šervices Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring | t Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - C | Services Substance uvenile Non-Resident | I/SA); Adult Abuse Evaluations; ial Services Outpatier |
| Juvenile Services: | Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring | t Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - C | Services Substance uvenile Non-Resident | I/SA); Adult Abuse Evaluations; ial Services Outpatier |
| Juvenile Services: Other Services: Urbauer, Hollie | Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Outpatient Therapy; Co-Occurring Sliding Fee Scale; Bryan Independence Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential | Residential Services Short Term Residential; Juvenile Assessment Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Content 1640 Lake St. Lincoln NB 68501 valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; varices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; varices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; varices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; varies Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; varies Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; varies Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; varies Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual Services Outpa | Services Substance uvenile Non-Resident to-Occurring Treatme (402)840-4958 dult Non-Residential Juvenile Assessment | H/SA); Adult Abuse Evaluations; ial Services Outpatient; Juvenile Non- (402)486-4342 Services Outpatient - Services Substance |

Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Individual

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

Parallels Valdez, Juan

1640 L St Suite C Lincoln NB 68508

(402)489-9792 (402)489-9793

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services 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: Juvenile Non-Residential Services Intensive Outpatient Treatment

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

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Day Treatment Day Treatment-Mental Health; Day Treatment: Day Treatment - Co-occurring; Assessment: Co-Occurring

Other Services: Sliding Fee Scale; Bilingual Services;

Valdez, Juan **Parallels** 1640 L St Suite C Lincoln NB 68508

(402)489-9792 (402)489-9793

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

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

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: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Day Treatment Day Treatment Day Treatment: Day Treatment - Co-occurring; Assessment: Co-Occurring

Other Services: Sliding Fee Scale; Bilingual Services;

Vandenberg, Laura

Blue Valley Behavioral Health

3901 Normal Blvd. Suite 201 Lincoln NB 68506

(402)643-3343 (402)643-4048

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; 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

Mental Health Services:

Juvenile Services:

Other Services: Sliding Fee Scale;

Juvenile Services: Other Services:

| Name | Agency | Add | Iress | Phone | Fax |
|---------------------------|---|--|---|--|--------------------|
| Vandenberg, Laura | Blue Valley Behavioral Health | 3901 Normal Blvd. Suite 201 | Lincoln NB 68506 | (402)643-3343 | (402)643-4048 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fa | nt - Family; Adult Non-Residential vices Intervention/Education; Juve | Services Outpatient - Individual; Ju- nile Non-Residential Services Outp | venile Assessment | Services Substance |
| Mental Health Services: | ,,, | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| VanLaningham, Amanda | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete N | NB 68333 | (402)826-2000 | (402)826-2655 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | nt - Individual; Adult Non-Residentia Non-Residential Services Interven | al Services Outpatient - Co-Occurri ntion/Education; Juvenile Non-Resid | ng Treatment; Juve lential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disordental Status Exam (MSE) | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| VanLaningham, Amanda | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete N | NB 68333 | (402)826-2000 | (402)826-2655 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | nt - Individual; Adult Non-Residentia Non-Residential Services Interven | al Services Outpatient - Co-Occurrintion/Education; Juvenile Non-Resid | ng Treatment; Juve Iential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disordental Status Exam (MSE) | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Linc | oln NB 68506 | (402)261-4017 | (402)261-4137 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Individual; Juve | tient - Co-Occurring Treatment; Juv | venile Assessment Services Substa | | |
| Mental Health Services: | , | | | | |

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education tient - Co-Occurring Treatment; Juvenile Assessment Services S | ubstance Abuse Evaluat | |
| Mental Health Services: | Residential Services Outpatient - Individual; Juve | nile Non-Residential Services Outpatient - Co-Occurring Treatme | ent | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Vitera, Brianna | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education t - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Intervention/Education; Juvenile Non-dividual; 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; Or Co-Occurring; Non-Treatment: Intensive Family F | utpatient Therapy including Family Sessions-Mental Health; Outp | patient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Co Coccurring, Non-Treatment. Intensive Family F | Teservation | | |
| Vitera, Brianna | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Od Non-Residential Services Intervention/Education; Juvenile Non- idividual; 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; Or Co-Occurring; Non-Treatment: Intensive Family F | utpatient Therapy including Family Sessions-Mental Health; Outp | patient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Co Coodining, Non Treatment. Intensive Falling F | Todayalan | | |
| Waddington, Tauni | Tauni Waddington LLC | 2320 S 48th St Suite 100 Lincoln NB 68506 | (402)580-2692 | |
| Substance Abuse Services: Mental Health 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 - Individual ervices Substance Abuse Evaluations; Juvenile Non-Residential avenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | al; Adult Non-Residential Services Intervention/Ed | Services Outpatient ducation; Juvenile |

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

Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE)

| Name | Agency | Address | Phone | Fax |
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| Waddington, Tauni | Tauni Waddington LLC | 2320 S 48th St Suite 100 Lincoln NB 68506 | (402)580-2692 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individuervices Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | ual; Adult Non-Residential Il Services Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | ' | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Group Sessions-Mental Health; Out ent: Mental Status Exam (MSE) | patient Therapy - Co-occu | urring; Assessment: |
| Other Services: | | | | |
| Waters, Kim | Hope Healthcare PC | 3100 O St Suite 7 Lincolne NB 68510 | (402)261-5048 | (402)805-4540 |
| Substance Abuse Services: | Adult Non-Residential Services Intervention/Educ Intervention/Education; Juvenile Non-Residential | ation; Adult Non-Residential Services Outpatient - Individual; Ju Services Outpatient - Individual | uvenile Non-Residential S | ervices |
| Mental Health Services: | Medication Evaluation | • | | |
| Juvenile Services: | Assessment: Outpatient Psychiatric Evaluation; A | ssessment: Medication Management; Assessment: Co-Occurri | ng | |
| Other Services: | No Voucher Acceptance; | | | |
| Waters, Kim | Hope Healthcare PC | 3100 O St Suite 7 Lincolne NB 68510 | (402)261-5048 | (402)805-4540 |
| Substance Abuse Services: Mental Health Services: | Intervention/Education; Juvenile Non-Residential | ation; Adult Non-Residential Services Outpatient - Individual; Ju Services Outpatient - Individual | uvenile Non-Residential S | ervices |
| | | ssessment: Medication Management; Assessment: Co-Occurring | na | |
| | No Voucher Acceptance; | | 3 | |
| Wertz, Jill | | 3701 Union Drive Suite 100 Lincoln NB 68516 | (402)875-9270 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individuervices Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | ual; Adult Non-Residential Il Services Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | ' | - | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Out ; Assessment: Pre-Treatment Assessment (Medicaid); Assessr Foster Care Relative/Kinshin) | | |
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Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---------------------------------------|
| Wertz, Jill | | 3701 Union Drive Suite 100 Lincoln NB 68516 | (402)875-9270 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 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 - F | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | | o occurring meaning. | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Foster Care Relative/Kinship) | | |
| Other Services: | Sliding Fee Scale; No Voucher Acceptance; | • | | |
| 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 | | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatieng; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| 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 | | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| | 1 37 | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Williams, Ann | Ann's Couch | 4004 N. 91st Street 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 Subste Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| lungaila Camilana | Outpotiont Thorony, Individual Mantal Health. O | utnotions Thorony including Family Consists Montal Health, Outnotion | -4 Th | |

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

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| | Juvernie Residential Services Therapeutic Com | | | |
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| Name | Agency | Address | Phone | Fax |
| Other Services: | Assessment: Pre-Treatment Assessment (Medi | caid); Assessment: Co-Occurring | | |
| Williams, Ann | Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outp | valuations; Adult Non-Residential Services Outpatient - Fami atient - Co-Occurring Treatment; Juvenile Assessment Servic ile Non-Residential Services Outpatient - Individual; Juvenile | es Substance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ore-Treatment Assessment (Medicaid); Assess | Outpatient Therapy including Family Sessions-Mental Health; ment: Co-Occurring | Outpatient Therapy - Co-occu | ırring; Assessment: |
| Other Services: | | | | |
| Williams-Russell, Kendra | | P.O. Box 271046 Ralston NB 68127 | (531)215-9726 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Fami tance Abuse Evaluations; Juvenile Non-Residential Services (| | |
| Mental Health Services: | • | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Williams-Russell, Kendra | | P.O. Box 271046 Ralston NB 68127 | (531)215-9726 | |
| Substance Abuse Services: | | evaluations; Adult Non-Residential Services Outpatient - Fami tance Abuse Evaluations; Juvenile Non-Residential Services (| | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Worley, Sarah | Daring Minds Therapy, LLC | 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512 | (531)289-1005 | (531)289-1002 |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Intensive Outp esidential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | | | |

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: Co-Occurring

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|----------------------|---------------------|
| Worley, Sarah | Daring Minds Therapy, LLC | 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512 | (531)289-1005 | (531)289-1002 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr sidential Services Outpatient - Individual | | |
| 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: | Sliding Fee Scale; | | | |
| Wray, Brenda | Whitehall | 5845 Huntington Avenue Lincoln NB 68507 | (402)471-6947 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Family; Juvenile N Services Outpatient - Family; Juvenile Residential Services Extended | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility | | | |
| Other Services: | | | | |
| Wray, Brenda | Whitehall | 5845 Huntington Avenue Lincoln NB 68507 | (402)471-6947 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Family; Juvenile N Services Outpatient - Family; Juvenile Residential Services Extended | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility | | | |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv | cation; Adult Non-Residential Services Outpatient - Groups; Adult No idual; Juvenile Non-Residential Services Intervention/Education; Ju atient - Family; Juvenile Non-Residential Services Outpatient - Indiv | venile Non-Residentia | es Outpatient - Family Il Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: I | Evening Reporting; Outpatient Therapy - Individual-Mental Health; C | Community Treatment | Aide |
| Other Services: | | | | |
| 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; | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Aservices Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile Ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential ices Substance Abuso 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: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Group Sessions-Mental Health; Outpatie; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; SE): Assessment: Co-Occurring | ent Therapy including Assessment: Pre-Trea | Family Sessions- atment Assessment |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | ,, | | |
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 6811 | 1 (402)830-3890 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; ices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - Fami | Adult Non-Residential ces Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Charlton, Sonya | | 306 East 6th St. Suite 2 North Platte NB 69101 | (308)532-5565 | (308)532-5575 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inteons; Juvenile Non-Residential Services Outpatient - Family; Juvenile tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service | nsive Outpatient Trea e Non-Residential Ser | tment; Juvenile vices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name Agency Address Filone Fax | | Fax |
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Assessment (Medicaid); Assessment: Mental Status Exam (MSE)

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: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services 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: Juvenile Non-Residential Services Intensive Outpatient Treatment

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

Occurring

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

Other Services: Sliding Fee Scale:

Cook, Count All Communities Outreach Services 112 E Mission Ave Bellevue NB 68005

(402)257-1122

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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: Juvenile Non-Residential Services Intensive Outpatient Treatment

Mental Health Services: Outpatient Therapy

Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Non-Treatment: Employment Placement Program; Non-Treatment: Family Partner: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy including Group Sessions-Mental Health: Outpatient Therapy including Family Sessions-Mental Health: Outpatient Therapy - Co-occurring: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient T Intensive Outpatient Therapy-Co-occurring

Other Services:

Cornelius, Dawn All Communities Outreach Services 112 E Mission Ave Bellevue NB 68005

(402)257-1122

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 Intensive Outpatient 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 Intensive Outpatient Treatment

Mental Health Services: Outpatient Therapy

Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Non-Treatment: Employment Placement

Program: Non-Treatment: Family Partner: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Eickhoff, Moriah | Moriah Eickhoff Counseling LLC | 121 N Willow North Platte NB 69101 | (308)221-6868 | (308)221-6868 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; Adultient - Co-Occurring Treatment; Juvenile Assessment Services Subse 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: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpati ent: Mental Status Exam (MSE) | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | , , , , | , , | | |
| Feldman, Theresa | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | (308)532-0389 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residentia rvices Intervention/Ed Residential Services | I Services Outpatient ducation; Juvenile Outpatient - Individua |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatr | nent Assessment (bio | o-psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Co-occurring; Intensive Outpatiert t Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (I | nt: Intensive Outpatie | nt Therapy-Mental |
| Other Services: | (WOL) | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| | Occurring Treatment; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | ily; Adult Non-Residential Services Outpatient - Individual; Adult Nonervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual Services Outpat | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosociai) | | |
| Other Services: | Non-Treatment: Family Support Worker | | | |
| 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 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 Outpatient - Family - Fam | Family; Adult Non-Re ervices Substance A H; Juvenile Non-Resi | esidential Services buse Evaluations; dential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | | Address | Phone | Fax |
|---------------------------|---|---|--|---|--|
| | Sessions-Mental Health; Outpatient Therapy - Ea | ating Disorder | | | - |
| Other Services: | Sliding Fee Scale; | | | | |
| Hendon, April | Region II- Human Services | 401 West 1st | Ogallala NB 69153 | (308)534-6029 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenil Treatment | tient - Co-Occurrir | ng Treatment; Juvenile Assessment Services S | ubstance Abuse Evalua | tions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy | - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Hill, Jenee | Lotus Counseling LLC | 409 N Jeffers | St North Platte NB 69101 | (308)532-5565 | (308)532-5575 |
| | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Services Substance Livenile Non-Resid So-Occurring Treat | Non-Residential Services Outpatient - Individuale Abuse Evaluations; Juvenile Non-Residential lential Services Outpatient - Family; Juvenile Noment | al; Adult Non-Residentia Services Intervention/E | Services Outpatient ducation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE); Assessment: Co-Oc | utpatient Therapy der; Outpatient Th | including Group Sessions-Mental Health; Outp | | |
| Other Services: | ` ' | · · | | | |
| Hunt, Mark | Heartland Counseling | 110 N Bailey F | PO Box 1209 North Platte NB 69101 | (308)534-6029 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni Treatment | ive Outpatient Tre | atment; Juvenile Assessment Services Substa | nce Abuse Evaluations; | Juvenile Non- |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. | Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie | | | | |

Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential

Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name Agency Address Phone Fax | Name | Agency | Address | Phone | Fax |
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Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care: Juvenile Residential Services Short Term Residential

Mental Health Services: Juvenile Services:

Other Services: Bilingual Services;

Inner Reflections Counseling Center 101 S. Chestnut, Suite 2 North Platte NB 69101 (308)221-6902 (308)221-6904 Landfried, Spring

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; 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 Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Co-

Occurring

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid)

Other Services:

MT Counseling 1023 N 205th St Elkhorn NB 68022 (308)221-6902 (308)221-6904 Landfried, Spring

Substance Abuse Services: Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups

Mental Health Services: Outpatient Therapy

Juvenile Services: Other Services:

Two Bridges Counseling Lange, Robyn

513 N Grant St Ste 3A Lexington NB 68850

(308)324-0222 (308)324-0225

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 Intensive

Outpatient 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 Intensive Outpatient Treatment

Mental Health Services:

Juvenile Services:

Other Services: Sliding Fee Scale:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Lawton, Vicki | Alabaster LLC DBA Alabaster Counseling | 1300 E 4th St Ste C North Platte NB 69101 | (308)532-0083 | (308)532-4342 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Servivenile Non-Residential Servivenile Non-Residential Servivenile Non-Residential Services Outpatient - Family; Juvenile Non-Reo-Occurring Treatment | ult Non-Residential sices Intervention/Edu | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disord Mental Status Exam (MSE) | utpatient Therapy including Group Sessions-Mental Health; Outpatient der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment A | t Therapy including F Assessment (Medica | Family Sessions- id); Assessment: |
| Other Services: | () | | | |
| Lewis, Jackwlyn | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non-Fervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | |
| Mental Health Services: | Cornect Carpaners Co Cocarring Freatment | | | |
| Juvenile Services: | | py - Individual-Mental Health; Outpatient Therapy - Co-occurring; Con | tracted Services: Tra | acker; Contracted |
| Other Services: | Services: Electronic Monitoring; Non-Treatment: I | Family Support Worker | | |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Residen | ing Treatment; Juvei | nile Assessment |
| Mental Health Services: | Outpatient Therapy | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatient | t Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | , | | |
| Long, Theresa | Waves Counseling | 315 Main St Chadron NB 69337 | (308)430-4095 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | ult Non-Residential sices Intervention/Edu | Services Outpatient - ucation; Juvenile |
| | Non-Treatment: General Education Class; Outpat | tient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occ | | ental Health; |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
|------------------------------------|--|--|---------------------|------------------|--|
| Other Services: Sliding Fee Scale; | | | | | |
| Lund, Dave | | 108 East 2nd Street North Platte NB 69101 | (308)534-9271 | (308)534-1447 | |
| Cubatanaa Abusa Carriasaa | Adult Assessment Comisses Cubatanas Abusa Fu | alustions: Adult Non Posidontial Sorvices Outpatient Groups: Adult I | Non Posidontial Cor | vices Outpetient | |

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient -Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services 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 - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring

Other Services:

Rodric McClain Counseling Services 14119 Seward St Omaha NB 68154 (580)647-5866 McClain, Rodric

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; 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; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

Juvenile Services: Non-Treatment: General Education Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Co-Occurring

Other Services:

Alabaster LLC DBA Alabaster Counseling 1300 E 4th St Ste C North Platte NB 69101 McIntosh, Barbara Huie (308)532-0083

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 Outpatient - Individual; Juvenile 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

Mental Health Services: Outpatient Therapy

Juvenile Services: Non-Treatment: Anger Management Class

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Morse, Stephaine | Platte Valley Counseling, LLC | 409 North Jeffers North Platte NB 69101 | (308)532-5565 | (308)532-5575 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien 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 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: | | | | |
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment | dult Non-Residential s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Shore, Shari | Family Matters Counseling Services LLC | 410 E B St North Platte NB 69101 | (308)534-3351 | (308)696-2200 |
| Substance Abuse Services: | | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Reroups; Juvenile Non-Residential Services Outpatient - Family; Juveni | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpatien der | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| Spencer, Jennifer | Region II- Human Services | 110 N. Bailey North Platte NB 69103-1208 | (308)534-6029 | (308)534-6961 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | 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 Evaluati | ons; Juvenile Non- |
| 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; Outpatien g; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Stermensky, Dr. Gage | | 1821 1st Ave 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; Adive Outpatient Treatment; Juvenile Assessment Services Substantle Non-Residential Services Outpatient - Individual | ice Abuse Evaluations; | Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eval | luation; Psychological E | valuation |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpa Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outp t Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment; Assessment: Co-Occurring | atient: Intensive Outpat | ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |
| Stoll, Miranda | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)870-2630 | |
| 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 - Individua Services Substance Abuse Evaluations; Juvenile Non-Residential Suvenile Non-Residential Services Outpatient - Family; Juvenile No | l; Adult Non-Residential Services Intervention/Ed | Services Outpatient lucation; Juvenile |
| Mental Health Services: | diversite Non Residential dervices Outpatient - e | o occurring freatment | | |
| | Outpatient Therapy - Individual-Mental Health; On Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpa | atient Therapy including | Family Sessions- |
| 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 | valuations; Juvenile Assessment Services Substance Abuse Evalu | ations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eval | luation | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Assessment: Co-Occurring | aid); Assessment: Mental Status Exam (MSE); Assessment: Juve | nile Who Sexually Harm | Risk Assessment; |
| 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/Education; ent - Family; Adult Non-Residential Services Outpatient - Individua Services Substance Abuse Evaluations; Juvenile Non-Residential Juvenile Non-Residential Services Outpatient - Family; Juvenile No So-Occurring Treatment | l; Adult Non-Residential Services Intervention/Ed | Services Outpatient lucation; Juvenile |
| | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | 1 127 | utpatient Therapy including Group Sessions-Mental Health; Outpa | atient Therapy including | Family Sessions- |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| | The second section is a second | 'l O' | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As SE); 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 | | |
| | 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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; 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 - Presidential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Presidential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Ju | | | | |
| | Mental Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpatien der | t Therapy including I | Family Sessions- | |
| Other Services: | Sliding Fee Scale; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adiervices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | ult Non-Residential es Partial Care; Adu Substance Abuse E I-Residential Service Treatment; Juvenil | Services Outpatient - It Residential valuations; Juvenile es Outpatient - Family; e Non-Residential | |

Mental Health Services:

Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax | |
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| Stermensky, Dr. Gage | | 1821 1st Ave 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 Outpatient - Individual Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation | | | | |
| | Putpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation putpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-lental 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 liding Fee Scale; | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | 7. 3 | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Dearmont, Melissa | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residenti | valuations; Adult Non-Residential Services Intervention/Education; Act - Family; Adult Non-Residential Services Outpatient - Individual; ial Services Intervention/Education; Juvenile Non-Residential Service Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Individ | Adult Non-Residential ces Outpatient - Group | Services Outpatient - s; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | valuations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occusesidential Services Dual Residential (MH/SA); Juvenile Assessmer amily; Juvenile Non-Residential Services Outpatient - Individual; Juial Services Intensive Outpatient Treatment | ırring Treatment; Adult nt Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpat | ient Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; A | | |

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 Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

Mental Health Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kennedy, Jenna | 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 Intensive Outpati | ssessment Services Substance Abuse Evaluations; Adult Non-Fups; Adult Non-Residential Services Outpatient - Family; Adult Nent Treatment; Adult Residential Services Short Term Resident rvices Outpatient - Groups; Juvenile Non-Residential Services Coutpatient - Groups; Juvenile Non-Residential Services - Groups; Juvenile Non-Residential Services - Groups; Juvenile Non-Residential Services - Groups | Non-Residential Services Cial; Juvenile Assessment S | Outpatient - Individual; Services Substance |
| Mental Health Services: | • | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Riley, Suzanne | Suzanne Riley Counseling LLC | 1917 W Faidley Ave Grand Island NB 68803 | (308)398-0350 | (308)398-0351 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | raluations; Adult Non-Residential Services Intervention/Education of Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment of Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Octobrical Services - Co-Octobrical Services Outpatient - Co-Octobrical Services - Co-Octob | ual; Adult Non-Residential Services Substance Abuse ile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | Control of Carpanent Treatment | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Out g; Intensive Outpatient: Intensive Outpatient Therapy-Mental He ent Assessment (Medicaid); Out-Of-Home: Foster Care (Relativ | ealth; Intensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Stoll, Miranda | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)870-2630 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individual - In | ual; Adult Non-Residential al Services Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | The state of the s | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Out | tpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Aase, Keven | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Assessment Services Substance Abuse Evaluati | valuations; Adult Non-Residential Services Intervention/Educa ent - Co-Occurring Treatment; Adult Non-Residential Services ions; Juvenile Non-Residential Services Intervention/Education atient - Co-Occurring Treatment; Juvenile Non-Residential Se | Intensive Outpatient Treatmen; Juvenile Non-Residential S | ent; Juvenile Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | | ty Treatment Aide; Non-Treatment: Family Support Worker | | |
| Other Services: | · | | | |
| Akes, Cheyenne | 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 Residential Services Intervention/Education; Juv | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indivi- s Short Term Residential; Juvenile Assessment Services Subs- enile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Intensive Outpati | idual; Adult Non-Residential tance Abuse Evaluations; Ju Non-Residential Services Ou | Services Intensive Ivenile Non-Itpatient - Family; |
| Mental Health Services: | Onort Term Residential | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 Servi Residential Services Intervention/Education; Juv Juvenile Non-Residential Services Outpatient - In Services Short Term Residential | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indivi ces Short Term Residential; Juvenile Assessment Services St enile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-C | idual; Adult Non-Residential ubstance Abuse Evaluations; Non-Residential Services Ou | Services Outpatient Juvenile Non- Itpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment | | : | |
| | | utpatient Therapy including Family Sessions-Mental Health; C | outpatient Therapy - Co-occu | rring |
| Other Services: | Sliding Fee Scale; | | | |
| Barr, Tom | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Services | | idual; Adult Non-Residential Services Intervention/Educa | Services Intensive ation; Juvenile Non- |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | py - Individual-Mental Health; Outpatient Therapy including Group S ient Therapy - Co-occurring; Contracted Services: Tracker; Contract | | |
| Other Services: | Bilingual Services; | | | |
| 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 Outpatien Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services | ssessment Services Substance Abuse Evaluations; Adult Non-Resid SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occur esidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juvevices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatiential Services Outpati | on-Residential Servicting Treatment; Adult vices Short Term Resinie Non-Residential tient - Family; Juvenil | ces Outpatient - 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-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 | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)841-4212 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | • | dult Non-Residential vices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatieder; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| Other Services: | Meritai Fleatiff, Outpatient Therapy - Lating Dison | der, Outpatient Therapy - Co-occurring, Assessment. Co-occurring | | |
| Bennett, Richard | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | | ps; Adult Non-Residential Services Outpatient - Individual; Adult No tpatient - Groups; Juvenile Non-Residential Services Outpatient - In | | s Intensive Outpatien |
| Mental Health Services: | | npanent - Groups, Juvernie Norr-Residential Services Outpatient - In | uividuai | |
| Juvenile Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|--|--|
| Boschult, Brandy | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)992-0333 | |
| | Family; Adult Non-Residential Services Outpatien Outpatient - Family; Juvenile Non-Residential Ser | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| | 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; | | | |
| Bowens Kissi Afare, | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| 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; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential S es Substance Abuse I n-Residential Services | ervices Outpatient - Evaluations; Juvenilo Outpatient - Family |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Int | tensive Outpatient: Intensive Outpatient Therapy-Mental Health; Non- | Treatment: Family Su | pport Worker |
| Other Services: | Sliding Fee Scale; | | | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi | cation; Adult Non-Residential Services Outpatient - Groups; Adult Noridual; Juvenile Non-Residential Services Intervention/Education; Juvenilert - Family; Juvenile Non-Residential Services Outpatient - Individ | enile Non-Residential | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: Other Services: | | Evening Reporting; Outpatient Therapy - Individual-Mental Health; Co | ommunity Treatment A | ide |
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Services le Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | dult Non-Residential S es Intervention/Educat | ervices Intensive ion; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|--|--|---|--|
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | raluations; Adult Non-Residential Services Intervention/Educat nt - Individual; Juvenile Assessment Services Substance Abus Services Outpatient - Family; Juvenile Non-Residential Service | e Evaluations; Juvenile Noi | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | Bilingual Services; | | | |
| Carmichael, Kirk | Carmichael Counseling | 214 N 7th Suite 11 Norfolk NB 68701 | (402)750-1222 | (402)644-1987 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; 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; Juve Residential Services Outpa | 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; O | utpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Claussen, Michelle | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)500-6870 | (402)500-6971 |
| Substance Abuse Services: 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 | raluations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Indivi- iervices Substance Abuse Evaluations; Juvenile Non-Resident uvenile Non-Residential Services Outpatient - Family; Juvenile to-Occurring Treatment | dual; Adult Non-Residential tial Services Intervention/Ed | Services Outpatient - ducation; Juvenile |
| | 3 | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | | | | |
| Cornwell, Shelli | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Co-Occurring Treatment; Adult Non- Juvenile Assessment Services Substance Abuse | raluations; Adult Non-Residential Services Intervention/Educates Outpatient - Groups; Adult Non-Residential Services Outpatential Services Intensive Outpatient Treatment; Adult Residential Services Intervention/Educations; Juvenile Non-Residential Services Intervention/Educations Outpatient - Groups; Juvenile Non-Residential Services - Groups - G | tient - Individual; Adult Non esidential Services Short Te Education; Juvenile Non-Re | Residential Services rm Residential; esidential Services |

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

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

Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|---|--|---|
| Other Services: | Sliding Fee Scale; | | ' | |
| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - G | valuations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-O Residential Services Short Term Residential; Juvenile Assessme Groups; Juvenile Non-Residential Services Outpatient - Family; Jutpatient - Co-Occurring Treatment; Juvenile Non-Residential Se | occurring Treatment; Adult nt Services Substance Ab Juvenile Non-Residential S | t Non-Residential ouse Evaluations; Services Outpatient - |
| 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 | utpatient Therapy including Group Sessions-Mental Health; Outprder; Outpatient Therapy - Co-occurring | patient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| 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-O e Non-Residential Services Outpatient - Groups; Juvenile Non-Re Juvenile Non-Residential Services Outpatient - Co-Occurring To | occurring Treatment; Juve esidential Services Outpa | nile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outperder; Outpatient Therapy - Co-occurring; Assessment: Psycholog | | |
| Other Services: | | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Services Outpatient - Family; Juvenile Non-Residential Services | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: Other Services: | Non-Treatment: Family Support Worker | | | |
| Gadeken, Angela | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)500-6870 | (402)500-6871 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Intervention/Educatio tient - Co-Occurring Treatment; Juvenile Assessment Services senile Non-Residential Services Outpatient - Individual; Juvenile I | Substance Abuse Evaluat | ions; Juvenile Non- |

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

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| | Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Eating [| Disorder; Outpatient |
| Other Services: | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Ro | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Gregory, Nichole | | 2170 North Platte Ave Fremont NB 68025-2630 | (402)720-1621 | (402)753-6445 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment; Juvenile Assessment Servi | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment | lult Non-Residential s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hampton, Betty | Hampton Behavioral Health & Family Services, Inc | 116 West Douglas St Suite B O'Neill NB 68763 | (402)336-3200 | (402)336-3219 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ns | |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | Freatment: Juvenile Offender/Victim and Conflict Mediation; Outpatier intal Health; Outpatient Therapy including Family Sessions-Mental He id); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu | alth; Outpatient The | |

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 | | dult Non-Residential buse Evaluations; Ju | Services Intensive venile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Hingst, Michelle | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential vices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Co-Occurring | nt Therapy including l | Family Sessions- |
| Houser, Elisabeth | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev 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 | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - IResidential Services Intensive Outpatient Treatment; Adult Residential Evaluations; Juvenile Non-Residential Services Intervention/Educatial Services Outpatient - Groups; Juvenile Non-Residential Services Oreatment; Juvenile Residential Services Short Term Residential | ndividual; Adult Non- al Services Short Ter on; Juvenile Non-Res | Residential Services m Residential; sidential Services |
| Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |

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| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurringe Non-Residential Services Partial Care; Juvenile Residential Service | dult Non-Residential sces Partial Care; Adu Sces Partial Care; Adu Scubstance Abuse E n-Residential Service g Treatment; Juvenile | Services Outpatient - It Residential valuations; Juvenile s Outpatient - Family Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Jordan, Kelsey | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Cocurring Treatment | dult Non-Residential vices Intervention/Edu | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outpotiont Thorony, Individual Mantal Health, Or | strations Thereny including Crown Sessions Montal Health, Outration | at Thorony in aludina F | omily Cassians |
| Juverille Services. | Mental Health: Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien : Assessment: Co-Occurring | it Therapy including r | armly Sessions- |
| Other Services: | | ,, , | | |
| Kennedy, Jenna | 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 Intensive Outpatie | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re ent Treatment; Adult Residential Services Short Term Residential; Ju- vices Outpatient - Groups; Juvenile Non-Residential Services Outpati | esidential Services O venile Assessment S | utpatient - Individual ervices Substance |
| Mental Health Services: | · | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|--|---|---|---|
| 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; valuations; Adult Non-Residential Services Outpatient - Co-Occes Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occur | urring Treatment; Juve sidential Services Out | enile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpat essment (Medicaid); Assessment: Co-Occurring; Non-Treatment: In | | |
| Other Services: | Bilingual Services; | | | |
| Kollbaum, Angela | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adnt - Individual; Adult Non-Residential Services Outpatient - Co-Occie Non-Residential Services Outpatient - Groups; Juvenile Non-Residurential Services Outpatient - Co-Occurring Trea | ırring Treatment; Juve dential 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 - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpat g | ent Therapy including | Family Sessions- |
| 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: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occur (bio-psychosocial); Co-Occurring | Adult Non-Residential vices Substance Abuson-Residential Service | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individuent Therapy including Family Sessions-Mental Health; Outpatient Insive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asse | herapy - Co-occurring | ; Intensive Outpatien |

(Medicaid); Assessment: Co-Occurring; Non-Treatment: Intensive Family Preservation

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|---|
| Larson, Donielle | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)371-0220 | |
| | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Short Term Residential; Juvenile Assessment Sel Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - Co Services Short Term Residential | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Residential Services Harvices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Reside O-Occurring Treatment; Juvenile Non-Residential Services Intensive O | ult Non-Residential S alfway-House; Adult F es Intervention/Educ ntial Services Outpati | Services Outpatient - Residential Services ation; Juvenile Non- ient - Individual; |
| 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; Outpatien; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: 0 | | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Lewis, Jackwlyn | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non-Fervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | |
| Mental Health Services: | Corridor Calpations Co Cocarning Froatmont | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Outpatient Thera Services: Electronic Monitoring; Non-Treatment: F | py - Individual-Mental Health; Outpatient Therapy - Co-occurring; Con Family Support Worker | tracted Services: Tra | cker; Contracted |
| Other Services: | - | | | |
| Loberg, Katie | 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 Intensive Outpatie Abuse Evaluations; Juvenile Non-Residential Ser | ssessment Services Substance Abuse Evaluations; Adult Non-Resider ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Resident ent Treatment; Adult Residential Services Short Term Residential; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services | sidential Services Ou renile Assessment Se atient - Groups; Juve | tpatient - Individual; ervices Substance nile Non-Residential |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | |
| | Sliding Fee Scale; | | | |
| Matthews, Crystal | Meadows Behavioral Health INC. | 3314 26th St, Ste A Columbus NB 68601 | (402)564-9888 | |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I ve Outpatient Treatment; Juvenile Assessment Services Substance A e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | buse Evaluations; Ju | venile Non- |
| | | | | |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential: Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid)

Other Services:

802 Custer Ave. Ste. A Norfolk NB 68701 (402)841-3722 (402)371-3509 McCue, Peggi

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

Mental Health Services: Juvenile Services: Other Services:

Midtown Health Center Neuhalfen, Kristen

302 W Phillip Ave Norfolk NB 68701

(402)371-8000

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; 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; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

Juvenile Services: 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; Assessment: Co-Occurring

Other Services: Sliding Fee Scale:

Oestreich, Rhonda Oasis Counseling International 333 W Norfolk Ave Ste 201 Norfolk NB 68701

(402)379-3020

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 Intensive Outpatient 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 Intensive Outpatient Treatment

Mental Health Services:

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: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient

Therapy-Co-occurring: Assessment: Pre-Treatment Assessment (Medicaid)

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Ortiz-Vega, Adalis | Adalis Ortiz-Vega | 1368 E Normandy Blvd Deltona FL 32725 | (956)203-9601 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- 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: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; On g; Assessment: Co-Occurring | utpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; 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 Intens Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | sessement Services Substance Abuse Evaluations; Adult Non- ult Non-Residential Services Outpatient - Individual; Adult Non- sive Outpatient Treatment; Adult Residential Services Short To- idential Services Outpatient - Groups; Juvenile Non-Residenti- nile Non-Residential Services Outpatient - Co-Occurring Trea (bio-psychosocial); Co-Occurring; Psychological Evaluation | n-Residential Services Outp erm Residential; Juvenile A al Services Outpatient - Fal | patient - Co-Occurring ssessment Services mily; Juvenile Non- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Org; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu SE); Assessment: Psychological Evaluation; Assessment: Co- | rring; Assessment: Pre-Trea | |
| Other Services: | Sliding Fee Scale; | | · · | |
| Phillips, Mary | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Educat nt - Family; Adult Non-Residential Services Outpatient - Indivi ervices Substance Abuse Evaluations; Juvenile Non-Resident Invenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment | dual; Adult Non-Residential tial Services Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; O | utpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Rowley, Abbie | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)920-2809 | |
| 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-Resid | ınce Abuse Evaluati | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Treatment Aide; Non-Treatment: Intensive Family | utpatient Therapy including Family Sessions-Mental Health; Outpatien Preservation | t Therapy - Co-occu | urring; Community |
| Other Services: | | | | |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | ng Treatment; Juver tial Services Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurring | 9 | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; A SE); Assessment: Co-Occurring; Non-Treatment: Family Support Wor | ssessment: Pre-Tre | eatment Assessment |
| Other Services: | | | | |
| Stahlecker, Rebecca | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)741-0801 | (402)395-5121 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurrin Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juver lential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien Therapy - Co-occurring; Assessment: Co-Occurring; Non-Treatment: | | |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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; Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax |
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| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor ridual; Juvenile Non-Residential Services Intervention/Education; Juve atient - Family; Juvenile Non-Residential Services Outpatient - Individ | enile Non-Residentia | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Adult | s who Sexually Harm | n Evaluation |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Of 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; | , | | |
| Streff, Tobin | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Residential Service Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In Services Short Term Residential | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Acces Short Term Residential; Juvenile Assessment Services Substancenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential e Abuse Evaluations sidential Services Ou | Services Outpatient - ; Juvenile Non- utpatient - Family; |
| | Mental Health; Outpatient Therapy - Co-occurring | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Community Treatment Aide; Intensive Outpatient: Intensive Outpati urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | ent Therapy-Mental | |
| 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 | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient | venile Assessment | Services Substance |
| | Outpatient Therapy; Co-Occurring | : N. N. T | | |
| Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic | dult Non-Residential | Services Outpatient - |

Services Intensive Outpatient Treatment

Mental Health Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | | |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; | r; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | ssessment: Pre-Trea | tment Assessment |
| 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 - Fvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Serducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co- | amily; Adult Non-Re vices Substance Ab enile 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-Treatme | nt 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; | Coccoming | | |
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave 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 | sessment Services Substance Abuse Evaluations; Adult Non-Reside ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Treatment; Adult Non-Residential Services Intensive Outpat rvices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment; Juvenile Non-Residential Services Intensive (| esidential Services O ient Treatment; Adul ces Intervention/Edu ntial Services Outpa | utpatient - Individual; t Residential Services cation; Juvenile Non- tient - Individual; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me | Intensive Outpatien | t Therapy-Mental |
| Other Services: | Sliding Fee Scale; | | | |
| Zakrzewski-Grubb, | Insight Therapy Services LLC | 208 N 5th St Suite C Norfolk NB 68701 | (402)302-2590 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Acervices Substance Abuse Evaluations; Juvenile Non-Residential Servivenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family - Famil | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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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; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family;

| 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; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As SE); Assessment: Co-Occurring | | |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| Mental Health Services: Juvenile 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 Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment | utpatient Therapy including Group Sessions-Mental Health; Outpatien | amily; Adult Non-Re vices Substance Ab Juvenile Non-Resid ient - Individual; Juv | sidential Services use Evaluations; ential Services enile Non-Residential |
| Hendon, April | Region II- Human Services | 401 West 1st Ogallala NB 69153 | (308)534-6029 | |
| 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-Residential | nce Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Short Term Residential; Juvenile Assessment Services | lult Non-Residential es Partial Care; Adu Substance Abuse E | Services Outpatient - ult Residential |

Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care: Juvenile Residential Services Short Term Residential

Mental Health Services: Juvenile Services:

Other Services: Bilingual Services;

Stermensky, Dr. Gage 1821 1st Ave Scottsbluff NB 69361 (417)413-0085 (308)832-4844

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 Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-

Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual

Mental Health Services: Outpatient Therapy: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; 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-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: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Baughman, Emelise | | 717 16th St Central City NB 68826 | (308)380-1925 | (308)986-2374 |
| | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | raluations; Adult Non-Residential Services Outpatient - Family; Adult ince Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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 Evaluati | ons | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Franssen, Tracee | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | (308)675-3342 |
| | Family; Adult Non-Residential Services Outpatier | | ring Treatment; Juve | nile Non-Residentia |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occ | urring; Assessment |
| Other Services: | Sliding Fee Scale; | ion. Go Goodhing | | |
| Frenzen, Nicole | Clearwater Counseling | 312 N. Elm Street Suite 112 Grand Island NB 68801 | (308)383-1883 | |
| Substance Abuse Services: Mental Health Services: | Juvenile Non-Residential Services Outpatient - F | amily; Juvenile Non-Residential Services Outpatient - Individual | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur residential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juv | ring Treatment; Adul Services Substance | t Non-Residential Abuse Evaluations |

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

Mental Health Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name Agency Address Phone Fax | hone Fax | Address F | Agency | Name |
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Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid)

Other Services: Sliding Fee Scale:

1811 West 2nd St. suite 450 Grand Island NB 68801 (308)390-5508 (308)339-0962 Hruby, Kristine

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient -Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile

Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services

Intensive Outpatient Treatment Mental Health Services: Outpatient Therapy

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

Pre-Treatment Assessment (Medicaid)

Other Services: Sliding Fee Scale;

John-Beckstrom, Jolene Vision-Focused Counseling 4830 Wilshire Blvd Suite 101 Lincoln NB 68504 (402)217-0600 (402)489-2644

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

Mental Health Services:

Juvenile Services: Outpatient Therapy - Individual-Mental Health: Outpatient Therapy including Family Sessions-Mental Health: Outpatient Therapy - Co-occurring: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE)

Other Services:

Bryan Independence Center 1640 Lake St. Lincoln NB 68501 (402)481-5392 Johnson, Jill

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care: Adult Residential Services Dual Residential (MH/SA): Adult Residential Services Short Term Residential: 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; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

Mental Health Services:

Juvenile Services:

Other Services: Bilingual Services:

Mental Health Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Partin, Christopher | Christopher Partin Counseling | 1652 Worms Rd St Libory NB 68872-2906 | (402)705-3684 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | dult Non-Residential rices Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | · | • | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Services outpatient - Family; Juvenile Non-Residential Services Outpatient - Family | dult Non-Residential s Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | diversite Nort Residential Cervices Intensive Out | auoni freatment | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Phillips, Mary | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | dult Non-Residential rices Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | , | | | |
| Riley, Suzanne | Suzanne Riley Counseling LLC | 1917 W Faidley Ave Grand Island NB 68803 | (308)398-0350 | (308)398-0351 |
| 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; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juveniles Outpatient - Family |

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive

Services Intensive Outpatient Treatment

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Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center: Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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:

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Outpatient: Intensive Outpatient Therapy-Co-or Assessment: Co-Occurring Sliding Fee Scale; Bilingual Services; | ccurring; Assessment: Pre-Treatment Assessment (Medicaid); Out- | Of-Home: Foster Care (F | Relative/Kinship); |
| Rowe, Leisa | Leisa Rowe Counseling | 908 N. Howard Ave, Suite 102 Grand Island NB 68803 | (308)398-6050 | (308)398-6051 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Serv Assessment Services Substance Abuse Evalua | Evaluations; Adult Non-Residential Services Intervention/Education rices Outpatient - Individual; Adult Non-Residential Services Outpatiations; Juvenile Non-Residential Services Intervention/Education; Jupatient - Co-Occurring Treatment; Juvenile Non-Residential Services | ent - Co-Occurring Treat uvenile Non-Residential S | ment; Juvenile Services Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmer | nt (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | - | | |
| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intel Residential Services Outpatient - Groups; Juve | Evaluations; Adult Non-Residential Services Outpatient - Groups; Ansive Outpatient Treatment; Juvenile Assessment Services Substarenile Non-Residential Services Outpatient - Individual nt (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | nce Abuse Evaluations; J | uvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Youth Who | Outpatient Therapy including Group Sessions-Mental Health; Outpatient Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpent Assessment (Medicaid); Assessment: Mental Status Exam (MSI) | atient Therapy including loatient: Intensive Outpati | Family Sessions- 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: | Individual; Adult Non-Residential Services Inter | Evaluations; Adult Non-Residential Services Outpatient - Groups; A nsive Outpatient Treatment; Juvenile Assessment Services Substar enile Non-Residential Services Outpatient - Individual; Juvenile Non- | ice Abuse Evaluations; J | uvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Other Services:

| Name | Agency | Address | Phone | Fax | | |
|--|--|--|-----------------------|------------------|--|--|
| Mental Health Services: Juvenile Services: | Outpatient Therapy | | | | | |
| | Sliding Fee Scale; | | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 | | |
| 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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Assoccurring | Outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | | |
| Other Services: | Sliding Fee Scale; | CO-Occurring | | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | | | |
| Substance Abuse Services: Mental Health Services: | 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 - Individual; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual Services Ou | | | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- | | |
| Other Services: | Sliding Fee Scale; | • | | | | |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 | | |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; 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 - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|--|---|---|--|--|
| Baker, Guadalupe | Alcohol and Drug Addiction | 3321 Ave I Suite C Scottsbluff NB 69361 | (308)631-1709 | (308)635-7412 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; 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 - Family; Juvenile Non-Residential Services Outpatient - Individual | | | | |
| Mental Health Services: | | · | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Bilingual Services; | | | | | |
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | | | |
| | 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; Ju | aluations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Frailing Treatment; Adult Non-Residential Seducation; Juvenile Non-Residential Services Care Monitoring SA/MH; ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment | amily; Adult Non-Re rvices Intensive Out Juvenile Non-Resid | sidential Services patient Treatment; ential Services | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; In o | | | | |
| Other Services: | Sliding Fee Scale; | 9 | | | | |
| 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 Non- ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | | | |
| | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatier | t Therapy - Co-occu | ırring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Cooper, Penny | | 515 Elm St Bayard NB 69334 | (308)631-5523 | | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual; Juvo vices Outpatient - Individual | enile Assessment Se | ervices Substance | | |
| Mental Health Services: | · | • | | | | |

Mental Health Services:

Juvenile Services:

Other Services: Hearing Impaired;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | | Address | Phone | Fax |
|---------------------------|---|-------------------------------|--|-----------------------|----------------------|
| Cooper, Penny | Cirrus House Inc | 29 S Beltline Highway | Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | | | | |
| Mental Health Services: | Octvices Outpatient - maividual | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbl | uff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Intervention/Education; Juvenile Non-Residential | nt - Individual; Juvenile Ass | sessment Services Substance Abuse Éval | uations; Juvenile No | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occ | urring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Pre-Treatm | | | nt Therapy - Eating [| Disorder; Outpatient |
| Other Services: | Sliding Fee Scale; | () | ,, | | |
| Crouch, Samuel | | 120 E 16th St Suite C | Scottsbluff NB 69361 | (308)225-0500 | |
| | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | vices Outpatient - Individua | al | enile Assessment S | ervices Substance |
| | Outpatient Therapy; Pre-Treatment Assessment | | • | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | | | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | | |
| Eckland, Julie | | PO Box 1603 Scottsb | luff NB 69363 | (308)225-4780 | (308)217-4277 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assess | ment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbl | uff NB 69361 | (308)635-2256 | (308)635-1271 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Intervention/Education; Juve Occurring Treatment | ient - Co-Occurring Treatm | nent; Juvenile Assessment Services Subst | ance Abuse Evaluat | ions; Juvenile Non- |

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

Mental Health Services: Juvenile Services:

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|------------------------|--------------------|
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpation ent: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occu | rring; 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 Eva | aluations; Juvenile Assessment Services Substance Abuse Evaluati | ons | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment | ent Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpation ent: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occu | rring; Assessment: |
| Other Services: | | | | |
| Garcia, Karri | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1365 | (308)635-7880 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatie | | |
| Mental Health Services: | Convices Carpations maintagai | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hajek, Marilyn | Destiny Counseling Services | 1023 10th Ave Sidney NB 69162 | (308)254-0737 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tt - Individual; Adult Non-Residential Services Intensive Outpatient T idential Services Outpatient - Groups; Juvenile Non-Residential Ser | reatment; Juvenile As | sessment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hall, Anthony | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Juvenile Assessment Services Substance Abuse Eva Services Outpatient - Groups; Juvenile Non-Residential Services Or | luations; Juvenile Nor | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------|---|---|---|--|--|
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Broups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Ion-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential | | | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Bilingual Services; | | | | |
| Long, Theresa | Waves Counseling | 315 Main St Chadron NB 69337 | (308)430-4095 | | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment So | | lult Non-Residential S ices Intervention/Edu | ervices Outpatient - cation; Juvenile | |
| Juvenile Services: | | ient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occ | | ntal Health; | |
| Other Services: | Sliding Fee Scale; | ······································ | 9 | | |
| 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: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio-p | sychosocial); Co- | |
| | on-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Anger lanagement Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-lental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient herapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Non-reatment: Family Support Worker | | | | |
| Other Services: | Sliding Fee Scale; | | | | |

| Name | Agency | Address | Phone | Fax | | | |
|-------------------------|--|--|-------------------------|-------------------|--|--|--|
| Rodriguez, Juanita | ACCS Inc | 1917 Avenue A Scottsbluff NB 69361 | (308)633-1390 | (308)633-1393 | | | |
| | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - iroups; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance buse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual | | | | | | |
| Mental Health Services: | | | | | | | |
| Juvenile Services: | Non-Treatment: General Education Class; Non-Treatment: Family Partner; Contracted Services: Electronic Monitoring | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 Noutpatient - Groups; Adult Noutpatient Treatment; Juvenile Assessment Services Substance Ae Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | buse Evaluations; J | uvenile Non- | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatient Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatier: Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | nt: Intensive Outpation | ent Therapy-Youth | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |

Juvenile Services: Outpatient Therapy - Individual-Mental Health

Other Services:

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|---|
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Family; Juvenile Non-Residential Services Outp | ations; Juvenile Non-F | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | Bilingual Services; | | | |
| Cornwell, Shelli | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | |
| Substance Abuse Services: Mental Health Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment; Adult Non- Juvenile Assessment Services Substance Abuse | | ndividual; Adult Non-R al Services Short Term on; Juvenile Non-Resio | esidential Services n Residential; dential Services |
| | 137 | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occur | ring: Assessment: |
| | Co-Occurring | | | 9, |
| Other Services: | Sliding Fee Scale; | | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| 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 Treatment | ng Treatment; Juvenil ntial Services Outpatie | e Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Psychological E | | |
| Other Services: | | | | |
| Frenzen, Nicole | Clearwater Counseling | 312 N. Elm Street Suite 112 Grand Island NB 68801 | (308)383-1883 | |
| Substance Abuse Services: Mental Health Services: | · | amily; Juvenile Non-Residential Services Outpatient - Individual | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|--|---|--|--|--|
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - Fa | fult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - amily; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Dual Residential (MH/SA); Juvenile Assessment Services Substance Abuse Evaluations; venile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | |
| Mental Health Services: | | | | | | |
| | Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | lult Non-Residential les Partial Care; Adu Substance Abuse E n-Residential Service g Treatment; Juvenil | Services Outpatient - ult Residential valuations; Juvenile es Outpatient - Family; e Non-Residential | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Bilingual Services; | | | | | |
| Kennedy, Jenna | 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 Intensive Outpatie | ssessment Services Substance Abuse Evaluations; Adult Non-Resider ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Resent Treatment; Adult Residential Services Short Term Residential; Juvices Outpatient - Groups; Juvenile Non-Residential Services Outpati | sidential Services O venile Assessment S | outpatient - Individual; Services Substance | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | | | |

Other Services: Sliding Fee Scale; Hearing Impaired; Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Kiuntke, Jean | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Adent - Individual; Juvenile Assessment Services Substance Abuse Eva Services Outpatient - Groups; Juvenile Non-Residential Services Ou | luations; Juvenile No | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Osantowski, Christina | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)564-4001 |
| 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 Services Outpatient - Co-Occurring | ring Treatment; Juveridential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Therapy - Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Eating [| Disorder; Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Avices Substance Abuse Evaluations; Juvenile Non-Residential Service Non-Residential Service Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | dult Non-Residential es Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Phillips, Mary | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Astervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Fo-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |

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

Pre-Treatment Assessment (Medicaid)

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--------------------|
| Rowley, Abbie | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)920-2809 | |
| 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-Resid | nce Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Treatment Aide; Non-Treatment: Intensive Family | utpatient Therapy including Family Sessions-Mental Health; Outpatien Preservation | t Therapy - Co-occu | ırring; Community |
| Other Services: | | | | |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatments | ng Treatment; Juver Itial Services Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurring | g | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; A SE); Assessment: Co-Occurring; Non-Treatment: Family Support Wor | ssessment: Pre-Tre | atment Assessment |
| Other Services: | | | | |
| Stahlecker, Rebecca | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)741-0801 | (402)395-5121 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juver lential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluatio | on | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien Therapy - Co-occurring; Assessment: Co-Occurring; Non-Treatment: | | |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|--|---|--|---|
| 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; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Jvices Intervention/Education; Juvenile Non-Residential Services Outpatient | uvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Other Services: | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - 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 Al evenile Non-Resident | esidential Services buse Evaluations; ial Services Outpatie |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | nent Assessment (bio | p-psychosocial); Co- |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati- Treatment Assessment (Medicaid); Assessment: | Treatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Outpatient Th | I-Mental Health; Out nerapy - Co-occurring | patient Therapy g; Assessment: Pre- |
| Other Services: | Sliding Fee Scale; | oo occurring | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Foo-Occurring Treatment | Adult Non-Residentia rvices Intervention/E | Services Outpatient ducation; Juvenile |
| | Outpatient Therapy | | | |
| Juvenile Services: | Cliding Foo Cooley | | | |
| 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-Residentia rvices Intervention/E | Services Outpatient ducation; Juvenile |
| Wichital Floatin Oct vices. | | (bio payoriosocial), oo oocurriig | | |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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; Juvenile Non-Residential

Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

| Name | Agency | | Address | Phone | Fax |
|---------------------------|--|---|---|--|---|
| 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 | nt - Family; Adult N Services Intensive C Juvenile Non-Resi | on-Residential Services Outpatient - Individual; A Dutpatient Treatment; Juvenile Assessment Servi dential Services Outpatient - Groups; Juvenile N | Adult Non-Residential Sces Substance Abuse on-Residential Service: | Services Outpatient - Evaluations; Juvenilo s Outpatient - Family |
| 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 | | | ent Therapy - Co-occur | ring; Assessment: |
| Other Services: | Sliding Fee Scale; | | 3 | | |
| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | t - Individual; Adult Non-Residential Se | Non-Residential Services Outpatient - Co-Occur ervices Outpatient - Groups; Juvenile Non-Reside | ring Treatment; Juveni ential Services Outpation | le Assessment |
| Mental Health Services: | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health | utpatient Therapy ir | cluding Group Sessions-Mental Health; Outpatie | ent Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. I | incoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside | nt - Family; Adult N Services Intensive C | on-Residential Services Outpatient - Individual; A Outpatient Treatment; Adult Non-Residential Serv | Adult Non-Residential S rices Partial Care; Adul | Services Outpatient - t Residential |

Mental Health Services:

Juvenile Services:

Other Services: Bilingual Services;

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Lewallen, Lori | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| | 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; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential a es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family; |
| | Non-Treatment: Anger Management Class; Outpa | atient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy | | |
| Other Services: | g . | | | |
| 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; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential a es Substance Abuse -Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Mental Health; Outpatient Therapy - Co-occurring | [bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatient properties of the street intensive outpatient Therapy-Mental Health; Ir ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | | | | |
| Schulte, Samantha | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)649-0824 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adunce Abuse Evaluations; Juvenile Non-Residential Services Intervention | | |
| Mental Health Services: | · | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|-----------------------------|---|
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services | ouse Evaluations; Adult Non-Residential Services Intervention/Educ Outpatient - Co-Occurring Treatment; Juvenile Assessment Servical; Juvenile Non-Residential Services Outpatient - Co-Occurring Tr | ces Substance Abuse Evalua | Services Outpatient - tions; Juvenile Non- |
| Mental Health Services: | • | an, caronic rich ricolachian corridos calpanent co cocaning ri | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services | ouse Evaluations; Adult Non-Residential Services Outpatient - Fam Outpatient - Co-Occurring Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Individual; Juvenile | ces Substance Abuse Evalua | tions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Asses | sment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental He Pre-Treatment Assessment (Medicaid); As | alth; Outpatient Therapy including Family Sessions-Mental Health; ssessment: Co-Occurring | Outpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |

Registered Service Providers for County: Nuckolls

Mental Health Services: Juvenile Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| Holeman, Krista | Brodstone Memorial Hospital | 520 E 10th St Superior NB 68978 | (402)207-1542 | (402)207-1013 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; 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; Outpatien ; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Actervices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | lult Non-Residential les Partial Care; Adu Substance Abuse E n-Residential Service g Treatment; Juvenil | Services Outpatient - ult Residential valuations; Juvenile es Outpatient - Family; e Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual 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 Eva | 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 | nt Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | | Therapy - Individual-Mental Health; Outpatient Therapy including Far Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assisive Family Preservation | | |
| Other Services: | Sliding Fee Scale; | , | | |
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Outpatient Treatment; Juvenile Assessment Servi | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment | lult Non-Residential s Intervention/Educa | Services Intensive ation; Juvenile Non- |

Registered Service Providers for County: Nuckolls

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Inten- | valuations; Adult Non-Residential Services Outpatient - Group sive Outpatient Treatment; Juvenile Assessment Services Sul nile Non-Residential Services Outpatient - Individual; Juvenile | bstance Abuse Evaluations; Juv | venile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups | | vidual; Adult Non-Residential Sential Services Intervention/Educ | ervices Outpatient cation; Juvenile |
| | | Dutpatient Therapy including Group Sessions-Mental Health; (| Outpatient Therapy including Fa | mily Sessions- |
| Other Services: | Sliding Fee Scale; | . | | |

Assessment: Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abusen- n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | 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; | | | |
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment | dult Non-Residential s Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| 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 Outpatient Treatment; Juvenile Assessment Serv Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | dult Non-Residential s Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gonzalez, Beatriz | BG Counseling and Consulting | 1941 S 42nd St Suite 107 Omaha NB 68105 | (402)212-0027 | (402)300-1869 |
| Substance Abuse Services: | | ation; Adult Non-Residential Services Outpatient - Family; Adult Non- nce Abuse Evaluations; Juvenile Non-Residential Services Intervention ential Services Outpatient - Individual | | |
| Mental Health Services: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Juvenile Services: | | ient Therapy - Individual-Mental Health; Outpatient Therapy including | Group Sessions-M | ental Health; |

Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid);

Other Services:

| Name | Agency | Address | Phone | Fax |
|--------------------|--|--|---|---|
| Other Services: | Bilingual Services; | | · | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; 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 dividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential S vices Substance Abuse Non-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatign (Sessions-Mental Health; Outpatign (Sessions); Assessment (Medicaid); Assessme | | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | Ü | |
| 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 - Co | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual ervices Substance Abuse Evaluations; Juvenile Non-Residential Sevenile Non-Residential Services Outpatient - Family; Juvenile Noro-Occurring Treatment essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co | Adult Non-Residential Services Intervention/Edu n-Residential Services O | Services Outpatient - ucation; Juvenile utpatient - Individual |
| | Mental Health; Outpatient Therapy - Co-occurring Psychological Evaluation; Assessment: Co-Occur | utpatient Therapy including Group Sessions-Mental Health; Outpat; Assessment: Pre-Treatment Assessment (Medicaid); Assessmering | | |
| Other Services: | | | | |
| Hinrichs, Robin | | 7441 O St. Ste 402 Lincoln NB 68510-2466 | (402)483-4215 | |
| | Family; Adult Non-Residential Services Outpatien | • | urring Treatment; Juven | ile Assessment |
| | • | utpatient Therapy including Family Sessions-Mental Health; Outpa | tient Therapy - Co-occui | rring; Assessment: |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|----------------|
| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St Beatrice NB 68310 | (402)228-3386 | |
| 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-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juvenile ntial Services Outpatier | e Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including Fa | mily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| 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 - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |

Kelch, Tammy

P.O. Box 264 Syracuse NB 68446

(402)890-9957

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Intervention/Education: Juvenile Non-Residential Services Outpatient - Individual:

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

Juvenile Services: Other Services:

Stephen Center Koch, Lori

5217 S 28th St Omaha NB 68107

(402)715-5459 (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 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 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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | it (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive O | utpatient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Lewallen, Lori | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| Substance Abuse Services. | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Adult Non-Residentia Non-Residential Services Intervention/Educatio | Evaluations; Adult Non-Residential Services Intervention/Educatient - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment n; Juvenile Non-Residential Services Outpatient - Groups; Juve Individual; Juvenile Non-Residential Services Outpatient - Co-C | dual; Adult Non-Residential t Services Substance Abuse nile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy; Pre-Treatment Assessmer Non-Treatment: Anger Management Class; Outpatient Class; O | ot (bio-psychosocial); Co-Occurring epatient Therapy - Individual-Mental Health; Outpatient Therapy Mental Health; Outpatient Therapy - Eating Disorder; Outpatient | | |

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

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

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

Other Services:

Prince, Reginald

Serenity Matters

3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 (402)830-3890 (402)212-0282

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; 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

Mental Health Services: Outpatient Therapy; Co-Occurring

Juvenile Services: Non-Treatment: Anger Management Class

Other Services: Sliding Fee Scale:

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|--|--|--|
| Salvatore, Christine | | 1320 Galvin Road South Bellevue NB 68005 | (402)292-6006 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adul ince Abuse Evaluations; Juvenile Non-Residential Services Outpati | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health; Assess | ment: Co-Occurring | |
| Schulte, Samantha | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)649-0824 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; Annce Abuse Evaluations; Juvenile Non-Residential Services Interven | | |
| Mental Health Services: | ostricos carpanent mariada. | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | raluations; Adult Non-Residential Services Intervention/Education; Attent - Co-Occurring Treatment; Juvenile Assessment Services Subenile Non-Residential Services Outpatient - Co-Occurring Treatment | stance Abuse Evaluati | |
| Mental Health Services: | residental Corvices Calpation: mairiada, save | while North Residential Services Supation. So Societing Treatment | • | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walker-Vinal, Kristin | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)686-9856 | |
| 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; Associations of Adult Non-Residential Services Outpatient - Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educations outpatient - Groups; Juvenile Non-Residential Services outpatient - Groups; Juvenile Non-Residential Services outpatient - Co-Occurring Treatmentics of Co-Occurring Treatmentics outpatient - Co-Occurring Treatmentics - Co-Occurring Treatmen | Family; Adult Non-Re Services Intensive Out tion; Juvenile Non-Re Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | | and Theorem Conduction | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati a: Assessment: Co-Occurring | ent Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax | | | |
|---|--|---|---------------|---------------|--|--|--|
| Williams, Ann | Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 | | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: re-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | | |
| Other Services: | · · · · · · · · · · · · · · · · · · · | · · | | | | | |

Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| Cornelius, Dawn | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Out | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Ind vices Substance Abuse Evaluations; Juvenile Non-Residenti ile Non-Residential Services Outpatient - Family; Juvenile N patient Treatment | ividual; Adult Non-Residential al Services Intervention/Educa | Services Intensive tion; Juvenile Non- |
| Juvenile Services: | | Anger Management Class; Non-Treatment: General Educat Treatment: Family Support Worker | ion Class; Non-Treatment: Em | ployment Placeme |
| Crouch, Samuel | Junigata Corridos, | 120 E 16th St Suite C Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Se | valuations; Adult Non-Residential Services Outpatient - Indivervices Outpatient - Indivervices Outpatient - Individual | idual; Juvenile Assessment Se | rvices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; g; Assessment: Pre-Treatment Assessment (Medicaid); Ass | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Eckland, Julie | | PO Box 1603 Scottsbluff NB 69363 | (308)225-4780 | (308)217-4277 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse | Evaluations | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Educent - Family; Adult Non-Residential Services Outpatient - Ind Services Intensive Outpatient Treatment; Adult Non-Resider ential Services Short Term Residential; Juvenile Assessment; Juvenile Non-Residential Services Outpatient - Groups; Jundividual; Juvenile Non-Residential Services Outpatient - Colle Non-Residential Services Partial Care; Juvenile Residential | ividual; Adult Non-Residential antial Services Partial Care; Adu t Services Substance Abuse E venile Non-Residential Service b-Occurring Treatment; Juvenile | Services Outpatien It Residential valuations; Juvenile s Outpatient - Fam e Non-Residential |
| | | | | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|--|---------------------|---------------------|--|
| 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; Adu Services Substance Abuse Evaluations; Juvenile Non-Residential Serv Treatment | | | |
| Mental Health Services: | outpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Co-occurring | | | | |
| Juvenile Services: | Non-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Non-Treatment: Family Support Worker | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Williams, Ann | Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Substraction e Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - I | 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; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatier nent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: | |
| Other Services: | | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | | Address | Phone | Fax |
|---------------------------|---|---|---|--|---|
| Curran, John | | 1306 N. 13th Stre | eet - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | t - Individual; Adult N Non-Residential Ser | Ion-Residential Services Outpatient - Co-Occurri vices Outpatient - Groups; Juvenile Non-Residen | ng Treatment; Juven itial Services Outpat | ile Assessment |
| Mental Health Services: | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disord | | | | |
| Other Services: | | | | | |
| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | |
| 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 - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpetted Health | utpatient Therapy inc | luding Group Sessions-Mental Health; Outpatien | t Therapy including f | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Li | ncoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evergroups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile | nt - Family; Adult No Services Intensive Ou ntial Services Short Juvenile Non-Resid dividual; Juvenile No | n-Residential Services Outpatient - Individual; Ad tpatient Treatment; Adult Non-Residential Servic Ferm Residential; Juvenile Assessment Services ential Services Outpatient - Groups; Juvenile Nor n-Residential Services Outpatient - Co-Occurring | lult Non-Residential les Partial Care; Adu Substance Abuse E n-Residential Service g Treatment; Juvenile | Services Outpatient - It Residential valuations; Juvenile as Outpatient - Family; a Non-Residential |

Other Services: Bilingual Services;

Mental Health Services: Juvenile Services:

| Name | Agency | Address | Phone | Fax | | |
|---|---|---|---------------|---------------|--|--|
| Lewallen, Lori | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 | | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Ion-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Iuvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | | |
| | 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; Assessment: Co-Occurring | | | | | |
| Other Services: | | | | | | |
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Individual; Juve | raluations; Adult Non-Residential Services Intervention/Education; Ad tient - Co-Occurring Treatment; Juvenile Assessment Services Subst enile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family;

| 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 Outpatiel 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; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential s Substance Abuse -Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family; |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| Mental Health Services: Juvenile Services: | Monitoring SA/MH; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Eduty Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpatient | amily; Adult Non-Rei vices Substance Ab Juvenile Non-Resid ent - Individual; Juve | sidential Services use Evaluations; ential Services enile Non-Residential |
| Other Services: Hendon, April | Sliding Fee Scale; Region II- Human Services | 401 West 1st Ogallala NB 69153 | (308)534-6029 | |
| | Adult Assessment Services Substance Abuse Eval Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nient - Co-Occurring Treatment; Juvenile Assessment Services Substate Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services | on-Residential Serv nce Abuse Evaluation | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Residential (MH/SA); | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Ad services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Short Term Residential; Juvenile Assessment Services | ult Non-Residential es Partial Care; Adu Substance Abuse E | Services Outpatient - It Residential |

Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| | Services Outpatient - Co-Occurring Treatment; J Care; Juvenile Residential Services Short Term | uvenile Non-Residential Services Intensive Outpatient Trea Residential | atment; Juvenile Non-Resident | ial Services Partial |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Leibbrandt, Vicky | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In rvices Intervention/Education; Juvenile Non-Residential Se dential Services Outpatient - Individual | dividual; Juvenile Assessment | Services Substance |
| Mental Health Services: | , | · | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Non-Treatment: Fam | nily Support Worker | |
| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens | valuations; Adult Non-Residential Services Outpatient - Gro sive Outpatient Treatment; Juvenile Assessment Services S ile Non-Residential Services Outpatient - Individual | | |

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-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;

| 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 | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuson- 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; | • | - | |
| Bomberger, Molly | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)293-0954 | (308)237-5953 |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Pre-Treatment Assessment | e Assessment Services Substance Abuse Evaluations; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | g Treatment | s Outpatient - Family, |
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | raluations; Juvenile Assessment Services Substance Abuse Evaluation | ins | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Eigenberg, Amy | Insight Counseling and Recovery LLC | | | |
| Ligoriberg, 7 tilly | maight Counseling and Necovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | 2908 W 39th St. Suite B Kearney NB 68845 raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential sing Treatment; Juve dential Services Out | Services Outpatient - nile Assessment |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | raluations; Adult Non-Residential Services Intervention/Education; Adnt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education/Education/Education/Education/Education/Education/Education/ | ult Non-Residential sing Treatment; Juve dential Services Out g Treatment | Services Outpatient - |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Ir Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy | raluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation therapy including Family Sessions-Mental Health; Outpatien Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Education (Medicaid); Assessment (Medi | ult Non-Residential sing Treatment; Juve dential Services Out g Treatment on t Therapy - Youth V | Services Outpatient - nile Assessment patient - Family; Who Sexually Harm; |

| 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 Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult N tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | on | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Co-Occurring | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Mental Health Services: Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Non-Residential Services ntial Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Service | ces Partial Care; Add Substance Abuse En-Residential Servic g Treatment; Juveni | ult Residential Evaluations; Juvenile es Outpatient - Family; le Non-Residential |
| | Bilingual Services; | | | |
| Guior Gorvicco. | Dilligual Gervices, | | | |
| Klein, Candance | CK Counseling | 318 Tilden St Holdrege NB 68949 | (308)991-3123 | (308)455-6242 |
| 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 Treatm | ng Treatment; Juve ntial Services Outpa | nile Assessment |
| 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: Mental Status Exam (MSE) | | |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Lange, Robyn | Two Bridges Counseling | 513 N Grant St Ste 3A Lexington NB 68850 | (308)324-0222 | (308)324-0225 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A vices Substance Abuse Evaluations; Juvenile Non-Residential Servicele Non-Residential Servicele Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - | Adult Non-Residential ces Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| McPherson, Trina | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| 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; virvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual | Juvenile Assessment | Services Substance |
| Mental Health Services: | | · | | |
| Juvenile Services: | : Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | |
| Mitchell, James | Heartland Health Center, Inc | 104 W Seneca St Ravenna NB 68869 | (308)224-5192 | |
| | Individual; Juvenile Assessment Services Substa Services Outpatient - Family; Juvenile Non-Resid | | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (200)227 5052 |
| Schoenefeld, Karrie | South Central Denavioral Services | coro contrar / 1/2 | (000)201 0001 | (308)237-5953 |
| Schoenefeld, Karrie 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 | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Serv; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | dult Non-Residential Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient Services Outpatient Evaluations; Juvenes Outpatient - Families Outpatient - Families |
| 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; | valuations; Adult Non-Residential Services Intervention/Education; A cent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Juvenile Individua | dult Non-Residential Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |

Other Services: Sliding Fee Scale; Hearing Impaired; Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Schroeder, Ashley | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Octe Assessment Services Substance Abuse Evaluations; Juvenile Namily; Juvenile Non-Residential Services Outpatient - Individual; al Services Intensive Outpatient Treatment | curring Treatment; Adul on-Residential Service | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Assessment: Pre-Treatment Assessment (Medicaid); Assessme | | Family 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: Mental Health Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; A- ive Outpatient Treatment; Juvenile Assessment Services Substar le Non-Residential Services Outpatient - Individual; Juvenile Non- | ce Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MI Family; Juvenile Non-Residential Services Outpa | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual ervices Substance Abuse Evaluations; Juvenile Non-Residential H; Juvenile Non-Residential Services Outpatient - Groups; Juvenil tient - Individual essment (PTA); Pre-Treatment Assessment (bio-psychosocial); C | l; Adult Non-Residentia Services Intervention/Ed e Non-Residential Serv | Services Outpatient ducation; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health | o | |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individua ervices Substance Abuse Evaluations; Juvenile Non-Residential ervices Outpatient - Family; Juvenile No | ; Adult Non-Residentia Services Intervention/Ed | Services Outpatient ducation; Juvenile |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Barr, Tom | 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 Outpatient Treatment; Juvenile Assessment Serv | valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Indivivices Substance Abuse Evaluations; Juvenile Non-Residential Ile Non-Residential Services Outpatient - Family; Juvenile Nonpatient Treatment | idual; Adult Non-Residentia Services Intervention/Educ | Services Intensive cation; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | apy - Individual-Mental Health; Outpatient Therapy including Gient Therapy - Co-occurring; Contracted Services: Tracker; Co | | |
| Other Services: | Bilingual Services; | | | |
| 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 Outpatier 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 SA/MH; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Codesidential Services Dual Residential (MH/SA); Adult Residentions; Juvenile Non-Residential Services Intervention/Education vices Outpatient - Groups; Juvenile Non-Residential Services esidential Services Outpatient - Co-Occurring Treatment; Juve | Adult Non-Residential Servi -Occurring Treatment; Adul ial Services Short Term Re n; Juvenile Non-Residential Outpatient - 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 ental Health; Outpatient Therapy - Eating Disorder; Outpatient ensive Outpatient: Intensive Outpatient Therapy-Co-occurring; | t Therapy - Co-occurring; In | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bowens Kissi Afare, | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69 | 887 (402)494-3337 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Indiviservices Intensive Outpatient Treatment; Juvenile Assessmen; Juvenile Non-Residential Services Outpatient - Groups; Juvendividual; Juvenile Non-Residential Services Outpatient - Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-C | idual; Adult Non-Residentia it Services Substance Abus enile Non-Residential Servic | l Services Outpatient - e Evaluations; Juvenil ces Outpatient - Family |
| Mental Health Services: | | | | |
| | | tensive Outpatient: Intensive Outpatient Therapy-Mental Heal | th; Non-Treatment: Family | Support Worker |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service: e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment | ult Non-Residential S s Intervention/Educat | Services Intensive ion; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Juvenile Assessment Services Substance Abuse Evalua Services Outpatient - Family; Juvenile Non-Residential Services Outp | ations; Juvenile Non- | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | Bilingual Services; | | | |
| Carmichael, Kirk | Carmichael Counseling | 214 N 7th Suite 11 Norfolk NB 68701 | (402)750-1222 | (402)644-1987 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juveni tial Services Outpatie | le Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outco-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occur | ring; Assessment: |
| Other Services: | Cocodining | | | |
| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Ro Juvenile Non-Residential Services Outpatient - G | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I t - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Short Term Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Family; Juvenile patient - Co-Occurring Treatment; Juvenile Non-Residential Services | ng Treatment; Adult N vices Substance Abu e Non-Residential Se | Non-Residential se Evaluations; rvices Outpatient - |

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

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

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sessions-Mental Health; Outpatient Therapy - Ear Sliding Fee Scale; | ting Disorder; Outpatient Therapy - Co-occurring | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juven tial Services Outpati | ile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatient der; Outpatient Therapy - Co-occurring; Assessment: Psychological E | | |
| Other Services: | | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| | | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non-Fervices Outpatient - Family; Juvenile Non-Residential Services Outpation-psychosocial) | | |
| | Non-Treatment: Family Support Worker | bio-psychosocial) | | |
| Other Services: | The state of the s | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Re | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance A | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 | | lult Non-Residential S buse Evaluations; Juv | Services Intensive venile 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; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | dult Non-Residential S ses Partial Care; Adul Substance Abuse Ev n-Residential Services g Treatment; Juvenile | Services Outpatient - t Residential valuations; Juvenile s Outpatient - Family; Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kennedy, Jenna | 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 Intensive Outpatie | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re ent Treatment; Adult Residential Services Short Term Residential; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outpati | esidential Services Ou venile Assessment Se | tpatient - Individual; ervices Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |

Other Services: Sliding Fee Scale; Hearing Impaired; Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | dult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Outpatient Th nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess atment: Intensive Family Preservation | erapy - Co-occurring | ; Intensive Outpatient: |
| Other Services: | | | | |
| Lewis, Jackwlyn | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non services Outpatient - Family; Juvenile Non-Residential Services Outp | | |
| Mental Health Services: | Convector Carpanonic Co Cocarring Froatmonic | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Outpatient Thera Services: Electronic Monitoring; Non-Treatment: | py - Individual-Mental Health; Outpatient Therapy - Co-occurring; Co Family Support Worker | ontracted Services: Tr | acker; Contracted |
| Other Services: | | | | |
| Loberg, Katie | 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 Intensive Outpatie Abuse Evaluations; Juvenile Non-Residential Services | ssessment Services Substance Abuse Evaluations; Adult Non-Residups; Adult Non-Residential Services Outpatient - Family; Adult Non-Reent Treatment; Adult Residential Services Short Term Residential; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services | esidential Services C uvenile Assessment S patient - Groups; Juv | Outpatient - Individual; Services Substance enile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Neuhalfen, Kristen | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 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 | dult Non-Residential vices Intervention/Ed | Services Outpatient - ucation; Juvenile |

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Preservation

| 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 Group Sessions-Mental Health; Outp order; Outpatient Therapy - Co-occurring; Assessment: Co-Occurri | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Destreich, Rhonda | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-3020 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpation Outpatient Treatment; Juvenile Assessment Ser | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua vices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment | al; Adult Non-Residential rvices Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea lent Assessment (Medicaid) | | |
| Other Services: | Therapy of occurring, Assessment. The Treatment | ion Assessment (Wedicald) | | |
| 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; A Treatment; Adult Non-Residential Services Inter Substance Abuse Evaluations; Juvenile Non-Re | Assessment Services Substance Abuse Evaluations; Adult Non-Redult Non-Residential Services Outpatient - Individual; Adult Non-Resive Outpatient Treatment; Adult Residential Services Short Term sidential Services Outpatient - Groups; Juvenile Non-Residential services Outpatient - Co-Occurring Treatments | esidential Services Outp Residential; Juvenile As Services Outpatient - Fai | patient - Co-Occurring ssessment Services mily; Juvenile Non- |
| Mental Health Services: | | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | Outpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurrin //SE); Assessment: Psychological Evaluation; Assessment: Co-Oc | g; Assessment: Pre-Trea | Family Sessions- atment Assessment |
| Other Services: | Sliding Fee Scale; | ,,, ,,, ,, , | 3 | |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Aert - Individual; Adult Non-Residential Services Outpatient - Co-Oce Non-Residential Services Outpatient - Groups; Juvenile Non-Re; Juvenile Non-Residential Services Outpatient - Co-Occurring Tre | curring Treatment; Juve sidential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occ | urring | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | Outpatient Therapy including Group Sessions-Mental Health; Outp ig; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea MSE); Assessment: Co-Occurring; Non-Treatment: Family Suppor | Ith; Assessment: Pre-Tre | eatment Assessment |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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; Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance Ale Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluati | on; Psychological E | valuation |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatiet Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | nt: Intensive Outpat | ient Therapy-Youth |
| 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: | Adult Non-Residential Services Outpatient - Indiv | cation; Adult Non-Residential Services Outpatient - Groups; Adult Noridual; Juvenile Non-Residential Services Intervention/Education; Juveatient - Family; Juvenile Non-Residential Services Outpatient - Individ | nile Non-Residentia | es Outpatient - Family Il Services Outpatien |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Adulte | s who Sexually Harr | n Evaluation |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Community Treatment Aide; Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatien | 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 Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Jurvices Intervention/Education; Juvenile Non-Residential Services Outpatient | venile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services | dult Non-Residential | Services Outpatient |

Services Intensive Outpatient Treatment

| Name | Agency | Address | Phone | Fax | | | |
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| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | atient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring atient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- all Health; Outpatient Therapy - Co-Occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment | | | | | |
| Other Services: | (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; | | | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 | | | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co- | amily; Adult Non-Re rvices Substance Ab renile Non-Residentia | sidential Services use Evaluations; al Services Outpatient | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio- | psychosocial); Co- | | | |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Co-Occurring | | | | | |
| Other Services: | Sliding Fee Scale; | 3 | | | | | |
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)370-3140 | | | | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Outpatient - Co-C Short Term Residential; Juvenile Assessment Ser Residential Services Outpatient - Groups; Juvenil | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Resolve Occurring Treatment; Adult Non-Residential Services Intensive Outpat rvices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment; Juvenile Non-Residential Services Intensive O | esidential Services C ient Treatment; Adul ces Intervention/Edu ential Services Outpa | Outpatient - Individual; It Residential Services cation; Juvenile Non- Itient - Individual; | | | |
| Mental Health Services: | | | | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me | Intensive Outpatien | t Therapy-Mental | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Akes, Cheyenne | 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 Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Groups; Juvenile Non-Fedividual; Juvenile Non-Residential Services Intensive Outpatient Tradicional Services Intensive Outpatient Intensive Outpatient Tradicional Services Intensive Outpatient Intensive Outp | Adult Non-Residential Abuse Evaluations; Ju Residential Services Or | Services Intensive uvenile Non-utpatient - Family; |
| Mental Health Services: | | | | |
| 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 Services Intensive Outpatient Treatment; Adult Research Services Intensive Outpatient Treatment; Adult Research Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Resoutpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Resi SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occuesidential Services Dual Residential (MH/SA); Adult Residential Seons; Juvenile Non-Residential Services Intervention/Education; Juverices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring - | Non-Residential Servion Irring Treatment; Adult Irvices Short Term Resenile Non-Residential Intention of the state of t | ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Outpatient Therapy incluental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Outpatient Therapy-Co-occurring; Assessive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessive Outpatient. | apy - Co-occurring; Int | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Juvenile Assessment Services Substance Abuse Eva Services Outpatient - Family; Juvenile Non-Residential Services O | aluations; Juvenile Nor | |

Mental Health Services:

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

Juvenile Services: Non-Treatment: Family Support Worker

| Name | Agency | Address | Phone | Fax | | |
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| Colegrove, Jill | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 | | |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Residential Services - Family - | | uvenile Assessment | Services Substance | | |
| | 1 27 | tpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | | | |
| Other Services: | | | | | | |
| 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-Residential Residential Services Intensive Outpatient Treatm | | ndividual; Adult Non- al Services Short Te on; Juvenile Non-Re | Residential Services rm Residential; sidential Services | | |
| | Outpatient Therapy; Pre-Treatment Assessment | • | | | | |
| | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | ırring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Psychological I | | | | |
| Other Services: | | | | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | | | |
| | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non- ervices Outpatient - Family; Juvenile Non-Residential Services Outpation- (bio-psychosocial) | | | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | raluations; Adult Non-Residential Services Intervention/Education - Individual; Adult Non-Residential Services Outpatient - Co-Clesidential Services Dual Residential (MH/SA); Juvenile Assess amily; Juvenile Non-Residential Services Outpatient - Individual al Services Intensive Outpatient Treatment | Occurring Treatment; Adult ment Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Ou | tpatient Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Gregory, Nichole | | 2170 North Platte Ave Fremont NB 68025-2630 | (402)720-1621 | (402)753-6445 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individuals - Individu | ual; Adult Non-Residential Services Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Griffin, Melissa | Meadows Behavioral Health INC. | 3314 26th St, Ste A Columbus NB 68601 | (402)564-9888 | (402)564-9899 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-0 e Non-Residential Services Outpatient - Individual; Juvenile No | Occurring Treatment; Adult | : Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Ou | tpatient Therapy including | Family Sessions- |
| | Mental Health Sliding Fee Scale; | | | |

Other Services:

| 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; Juve Juvenile Non-Residential Services Outpatient - C | | ıl; Adult Non-Residential ce Abuse Evaluations; Ju | Services Intensive venile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); | ationt Thorany including | Family Sossions |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Ir | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Idividual; Juvenile Non-Residential Services Outpatient - Co-Occue Non-Residential Services Partial Care; Juvenile Residential Partial Par | ir; Adult Non-Residential ervices Partial Care; Adurices Substance Abuse E Non-Residential Service urring Treatment; Juvenil | Services Outpatient alt Residential valuations; Juvenile es Outpatient - Famil e Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Jordan, Kelsey | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| 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 avenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | l; Adult Non-Residential Services Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | | • | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Assessment: Co-Occurring | atient Therapy including | Family Sessions- |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Kennedy, Jenna | 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 Intensive Outpatie | sessment Services Substance Abuse Evaluations; Adult Non-Resider ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re ent Treatment; Adult Residential Services Short Term Residential; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outpatie | sidential Services C enile Assessment S | Outpatient - Individual; Services Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| Kiuntke, Jean | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Groups; Juvenile Non-Residential Services Out | ations; Juvenile No | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve SA/MH; Juvenile Non-Residential Services Outpa | aluations; Adult Non-Residential Services Care Monitoring SA/MH; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad tervices Intensive Outpatient Treatment; Adult Residential Services Do enile Assessment Services Substance Abuse Evaluations; Juvenile No tient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resident | ult Non-Residential ual Residential (MH, on-Residential Serv ; Juvenile Non-Resi | Services Outpatient - /SA); Adult ices Care Monitoring dential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Outp | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kollbaum, Angela | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult N t - Individual; Adult Non-Residential Services Outpatient - Co-Occurrir Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juver tial Services Outpat | nile Assessment |

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

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Sessions-Mental Health; Outpatient Therapy - Co-occurring | | | | |

Other Services:

Lewallen, Lori Blue Valley Behavioral Health 3901 Normal Blvd #201 Lincoln NB 68506 (402)261-4017 (402)261-4137

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services 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: Juvenile Non-Residential Services Intensive Outpatient Treatment

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

Occurring

Other Services:

Lewallen, Lori Discovery Counseling, LLC 3005 19th Street, Suite 700 Columbus NB 68601

(402)873-5505

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; 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; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

Juvenile Services: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

Other Services:

Good Life Counseling & Support Lewis, Jackwlyn

200 N 34th PO Box 2315 Norfolk NB 68702

(402)371-3044

Substance Abuse Services: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Mental Health Services:

Juvenile Services: Non-Treatment: Day Reporting: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring: Contracted Services: Tracker; Contracted Services: Electronic Monitoring; Non-Treatment: Family Support Worker

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|-------------------------------------|
| Matthews, Crystal | Meadows Behavioral Health INC. | 3314 26th St, Ste A Columbus NB 68601 | (402)564-9888 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens | valuations; Adult Non-Residential Services Outpatient - Groups; ive Outpatient Treatment; Juvenile Assessment Services Substa le Non-Residential Services Outpatient - Individual; Juvenile Non | ance Abuse Evaluations; Ju | venile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurri | | |
| Other 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; Adu vidual; Adult Non-Residential Services Outpatient - Co-Occurring Services Outpatient - Groups; Juvenile Non-Residential Service esidential Services Outpatient - Co-Occurring Treatment | Treatment; Juvenile Non-R | Residential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatr | | |
| Other Services: | • | | | |
| Neuhalfen, Kristen | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | | ial; Adult Non-Residential S I Services Intervention/Educ | ervices Outpatient cation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | nationt Thorony including E | amily Cossions |
| Juvenile Services. | | utpatient Therapy including Group Sessions-Mental Health; Outp der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurr | | arrilly Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Ortiz-Vega, Adalis | Adalis Ortiz-Vega | 1368 E Normandy Blvd Deltona FL 32725 | (956)203-9601 | |
| 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-O e Non-Residential Services Intervention/Education; Juvenile Non- family; Juvenile Non-Residential Services Outpatient - Individual; | ccurring Treatment; Juvenil -Residential Services Outpa | e Assessment atient - Groups; |

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

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|---|--|---|--|--|
| Juvenile Services: | | atpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | | |
| Osantowski, Christina | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | (402)564-4001 | | |
| 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 - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Co-Occurring | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring: Assessment: 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-Resi Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | sessment Services Substance Abuse Evaluations; Adult Non-Reside ult Non-Residential Services Outpatient - Individual; Adult Non-Reside sive Outpatient Treatment; Adult Residential Services Short Term Residential Services Outpatient - Groups; Juvenile Non-Residential Servinile Non-Residential Services Outpatient - Co-Occurring Treatment; (bio-psychosocial); Co-Occurring; Psychological Evaluation | ential Services Outp sidential; Juvenile As ces Outpatient - Far | patient - Co-Occurring ssessment Services mily; Juvenile Non- | | |
| | , | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- | | |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (M: | ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A SE); Assessment: Psychological Evaluation; Assessment: Co-Occurr | ssessment: Pre-Trea | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Phillips, Mary | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | dult Non-Residential rices Intervention/Ec | Services Outpatient - ducation; Juvenile | | |
| Mental Health Services: | | | | | | |
| | Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | urring; Assessment: | | |
| Other Services: | | | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---------------------|
| Rowley, Abbie | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)920-2809 | |
| 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 | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Treatment Aide; Non-Treatment: Intensive Family | utpatient Therapy including Family Sessions-Mental Health; Outpatienther Preservation | nt Therapy - Co-occi | urring; Community |
| Other Services: | , | | | |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| 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-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; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurrin | ng | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ASE); Assessment: Co-Occurring; Non-Treatment: Family Support Wo | Assessment: Pre-Tre | eatment Assessment |
| Other Services: | | | | |
| Stahlecker, Rebecca | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)741-0801 | (402)395-5121 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | ion | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien Therapy - Co-occurring; Assessment: Co-Occurring; Non-Treatment: | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| 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; Juvices Intervention/Education; Juvenile Non-Residential Services Outp | uvenile Assessment S | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | |
| 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 S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Residential Services Desidential Services Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile - Individual; Juvenile Non-Residential Services Outpatient - Coent | dult Non-Residential Dual Residential (MH/ Services Substance A venile Non-Residentia | Services Outpatient - SA); Adult abuse Evaluations; al Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Restrvices Substance Abvenile Non-Residentia | sidential Services use Evaluations; al Services Outpatient |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-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; | · | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - F | dult Non-Residential rices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| 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 | | dult Non-Residential rices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Wilson, Larry | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurrie Assessment Services Substance Abuse Evaluations; Juvenile Non-Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Nor- | ng Treatment; Adult Residential Services patient - Family; Ju | Non-Residential s venile Non-Residentia |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Assessment: Juvenile Who Sexually Harm Risk A | Assessment; Assessment: Co-Occurring | | |
| Other Services: | | | | |
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Groundalt Non-Residential Services Outpatient - Co-C | 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 ervices Substance Abuse Evaluations; Juvenile Non-Residential Services | esidential Services Cient Treatment; Adu | Outpatient - Individual It Residential Service |

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:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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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 - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental

Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurricesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juveal Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Intersidential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | dult Non-Residential ces Partial Care; Adu Substance Abuse E n-Residential Service g Treatment; Juvenil | Services Outpatient - ult Residential valuations; Juvenile es Outpatient - Family; e Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Jordan, Kelsey | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | dult Non-Residential rices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outnationt Therapy - Individual-Mental Health: O | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Spesions- |
| Juverille Services. | Mental Health; Outpatient Therapy - Co-occurring | | it merapy including | aniny Ocoolono- |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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; Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax |
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| Kiuntke, Jean | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient | uations; Juvenile No | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Lewallen, Lori | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| 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; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includinental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap | | |
| Other Services: | Cocaring | | | |
| Lewallen, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)873-5505 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | fult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu | rring | |
| Other Services: | | | | |
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Services | lult Non-Residential | Services Outpatient - |

Services Intensive Outpatient Treatment

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|-------------------|
| | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | tpatient Therapy including Group Sessions-Mental Health; Outpatient | :Therapy including F | amily Sessions- |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juveni Itial Services Outpation | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurring | 3 | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | tpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ASE); Assessment: Co-Occurring; Non-Treatment: Family Support Wor | ssessment: Pre-Trea | atment Assessment |
| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensional Residential Services Outpatient - Groups; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I ve Outpatient Treatment; Juvenile Assessment Services Substance A e Non-Residential Services Outpatient - Individual bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluatio | λbuse Evaluations; Jυ | uvenile Non- |
| | Mental Health; Outpatient Therapy - Youth Who S | stpatient Therapy including Group Sessions-Mental Health; Outpatient Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | nt: Intensive Outpatie | ent Therapy-Youth |
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Adulent - Co-Occurring Treatment; Juvenile Assessment Services Substanile Non-Residential Services Outpatient - Co-Occurring Treatment | | |
| Mental Health Services: | , | | | |
| 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 | 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; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| | Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | , | , , | | |
| Juvenile Services: | | Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre- | | | | |
| Other Services: | Sliding Fee Scale; | Co Coodining | | | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 | | |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Servenile Non-Residential Services Outpatient - Family; Juvenile Non-Fo-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - ucation; Juvenile | | |
| Juvenile Services: | Опрацент тнегару | | | | | |
| 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/Ed | Services Outpatient - ucation; Juvenile | | |
| Juvenile Services: | Dutpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Dutpatient 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 Sliding Fee Scale; | | | | | |

Registered Service Providers for County: Red Willow

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Berry, Cora | Cora S. Berry, PC | 812 W 13th McCook NB 69001 | (308)340-1429 | (308)345-6513 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurrice Assessment Services Substance Abuse Evaluations; Juvenile Non-Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ng Treatment; Adult Residential Services patient - Individual; . | Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| 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 S Non-Residential Services Intervention/Education; | 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 Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abusen- 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 Group Sessions-Mental Health; Outpatien g: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As SE): Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Burns, Julie | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Family; Juvenile Non-Residential Services Outp | ations; Juvenile Nor | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Non-Treatment: Family Support | Worker | |
| Other Services: | | | | |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Foundation - Co-Occurring Treatment; Juvenile Assessment Serducation; Juvenile Non-Residential Services Care Monitoring SA/MH; | amily; Adult Non-Re vices Substance Ab | sidential Services ouse Evaluations; |

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

Registered Service Providers for County: Red Willow

Other Services:

| Name | Agency | Address | Phone | Fax |
|--|--|---|--|---|
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | dult Non-Residentia ses Partial Care; Ad Substance Abuse n-Residential Servic g Treatment; Juven | I Services Outpatient - ult Residential Evaluations; Juvenile ses Outpatient - Family ile Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Leibbrandt, Vicky | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpential Services Outpatient - Individual | venile Assessment | Services Substance |
| | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Non-Treatment: Family Support | Worker | |
| McPherson, Trina | Ambience Counseling Center, LLC | 601 Norris Ave McCook NB 69001 | (308)345-4067 | (308)345-6067 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpatient - Individual | venile Assessment | Services Substance |
| Mental Health Services: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |

Registered Service Providers for County: Red Willow

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|--|---|--|--|
| 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 Outpatien Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurre Assessment Services Substance Abuse Evaluations; Juvenile Non-amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Services Intensive Outpatient Treatment | ing Treatment; Adult Residential Services | Non-Residential Outpatient - Groups; | |
| Mental Health Services: | outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) | | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 Evaluat | Abuse Evaluations; . | Juvenile Non- | |
| 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 Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | ent: Intensive Outpat | ient 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 Outpatier Co-Occurring Treatment; Juvenile Assessment Science | · · · · · · · · · · · · · · · · · · · | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatier; Assessment: Co-Occurring | nt Therapy including | Family Sessions- | |

Registered Service Providers for County: Richardson

| Name | Agency | | Address | Phone | Fax |
|---------------------------|--|---|--|---|--|
| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | it - Individual; Adult Non-Residential Se | Non-Residential Services Outpatient - Co-Occur ervices Outpatient - Groups; Juvenile Non-Reside | ring Treatment; Juveni ential Services Outpati | ile Assessment |
| Mental Health Services: | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpetted Health | utpatient Therapy in | cluding Group Sessions-Mental Health; Outpatie | nt Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. L | incoln NB 68501 | (402)481-5392 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile | Services Intensive Ontial Services Short Juvenile Non-Resid dividual; Juvenile N | Outpatient Treatment; Adult Non-Residential Serv Term Residential; Juvenile Assessment Service Dential Services Outpatient - Groups; Juvenile No Don-Residential Services Outpatient - Co-Occurri | ices Partial Care; Adul s Substance Abuse Evon-Residential Service ng Treatment; Juvenile | It Residential valuations; Juvenile s Outpatient - Family; e Non-Residential |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Bilingual Services; | | | | |
| Lewallen, Lori | Blue Valley Behavioral Health | 3901 Normal Blv | vd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| | 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 | nt - Family; Adult No Services Intensive O Juvenile Non-Resio dividual; Juvenile N | on-Residential Services Outpatient - Individual; A outpatient Treatment; Juvenile Assessment Servi dential Services Outpatient - Groups; Juvenile No Ion-Residential Services Outpatient - Co-Occurri | Adult Non-Residential Sces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family; |
| | Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me | atient Therapy - Indi | ividual-Mental Health; Outpatient Therapy includ | | |
| Other Services: | Occurring | | | | |

Registered Service Providers for County: Richardson

| Name | Agency | | Address | Phone | Fax |
|---|--|--|--|---|--|
| Pelster-Hess, Brooke | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpation Services Intensive Outpatient Treatment; Juveni Intervention/Education; Juvenile Non-Residential Residential Services Outpatient - Co-Occurring | ent - Individual; Adult le Assessment Servid I Services Outpatient | Non-Residential Services Outpatient les Substance Abuse Evaluations; Ju - Groups; Juvenile Non-Residential S | Co-Occurring Treatment; Adu venile Non-Residential Services Services Outpatient - Individual; | lt Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); C | co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | outpatient Therapy - C | co-occurring; Assessment: Co-Occurr | ing | |
| Other Services: | Sliding Fee Scale; | | | | |
| Schulte, Samantha | Blue Valley Behavioral Health | 1903 4th Corso | Nebraska City NB 68410 | (402)649-0824 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Individual; Juvenile Assessment Services Substance | | | | Services Outpatient - |
| | Services Outpatient - Individual | ande Abase Evaluatio | ns, Juverille Non-Residential Service | s intervention/Education; Juver | ile Non-Residential |
| Mental Health Services: | · | ando Abdoo Evaldano | ns, Juvenile Non-Residential Service | s intervention/Education; Juver | ile Non-Residential |
| Juvenile Services: | Services Outpatient - Individual | ande Abdoe Evaluatio | ns, Juvernie Non-Residential Service | s Intervention/Education; Juver | ile Non-Residential |
| Juvenile Services: | · | and Abuse Evaluation | ns, Juvenile Non-Residential Service | s Intervention/Education; Juver | ile Non-Residential |
| Juvenile Services: Other Services: | Services Outpatient - Individual | | d #201 Lincoln NB 68506 | (402)261-4017 | ile Non-Residential (402)261-4137 |
| Juvenile Services: Other Services: Virchow, Sarah | Services Outpatient - Individual Sliding Fee Scale; Blue Valley Behavioral Health Adult Assessment Services Substance Abuse E Individual; Adult Non-Residential Services Outpate | 3901 Normal Blv valuations; Adult Non atient - Co-Occurring | d #201 Lincoln NB 68506 Residential Services Intervention/Ed Treatment; Juvenile Assessment Sen | (402)261-4017 ucation; Adult Non-Residential vices Substance Abuse Evaluat | (402)261-4137 Services Outpatient |
| Juvenile Services: Other Services: Virchow, Sarah | Services Outpatient - Individual Sliding Fee Scale; Blue Valley Behavioral Health Adult Assessment Services Substance Abuse E | 3901 Normal Blv valuations; Adult Non atient - Co-Occurring | d #201 Lincoln NB 68506 Residential Services Intervention/Ed Treatment; Juvenile Assessment Sen | (402)261-4017 ucation; Adult Non-Residential vices Substance Abuse Evaluat | (402)261-4137 Services Outpatient |
| Juvenile Services: Other Services: Virchow, Sarah Substance Abuse Services: | Services Outpatient - Individual Sliding Fee Scale; Blue Valley Behavioral Health Adult Assessment Services Substance Abuse E Individual; Adult Non-Residential Services Outpate | 3901 Normal Blv valuations; Adult Non atient - Co-Occurring | d #201 Lincoln NB 68506 Residential Services Intervention/Ed Treatment; Juvenile Assessment Sen | (402)261-4017 ucation; Adult Non-Residential vices Substance Abuse Evaluat | (402)261-4137 Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Cooper, Lynn | Midwest Country Clinic | 801 S State St Bassett NB 68714 | (308)440-9042 | |
| | 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 rices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Aduervices Substance Abuse Evaluations; Juvenile Non-Residential Servicestment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | | | | |
| Dearmont, Melissa | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adal Services Intervention/Education; Juvenile Non-Residential Services on Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - | dult Non-Residential S Outpatient - Group | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring | | |
| | Assessment: Co-Occurring | • | | |
| Other Services: | Sliding Fee Scale; | | | |
| Frank, Abigail | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | (402)336-2849 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | dult Non-Residential rices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;: Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; Bilingual Services; | • | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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: Juvenile Non-Residential

Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|--|
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult F | valuations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurricesidential Services Dual Residential (MH/SA); Juvenile Assessment Sermily; Juvenile Non-Residential Services Outpatient - Individual; Juvenila Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | | outpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Pre-Treatment Assessment (Medicaid) Sliding Fee Scale; | | | |
| Hampton, Betty | Hampton Behavioral Health & Family Services, Inc | 116 West Douglas St Suite B O'Neill NB 68763 | (402)336-3200 | (402)336-3219 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Evaluation | ns | |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | -Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatier ental Health; Outpatient Therapy including Family Sessions-Mental Health; Assessment: Mental Status Exam (MSE); Assessment: Co-Occur | ealth; Outpatient The | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential | valuations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Non-Residential Services ential Services Short Term Residential; Juvenile Assessment Services | dult Non-Residential ces Partial Care; Adu | Services Outpatient - Ilt Residential |

Mental Health Services:

Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Add | ress | Phone | Fax |
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| Kennedy, Jenna | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 N | Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Groundfult Non-Residential Services Intensive Outpatient Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual | ips; Adult Non-Residential Services ent Treatment; Adult Residential Se | Outpatient - Family; Adult Non-Frvices Short Term Residential; J | Residential Services (uvenile Assessment | Outpatient - Individual; Services Substance |
| Mental Health Services: | | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Nor | folk NB 68702 | (402)371-3044 | (402)371-9643 |
| | 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 Services Intensive Outpatient Treatment Outpatient Therapy; Pre-Treatment Assessment | ent - Family; Adult Non-Residential S Services Intensive Outpatient Treatr ; Juvenile Non-Residential Services adividual; Juvenile Non-Residential S | Services Outpatient - Individual; Annent; Juvenile Assessment Serv Outpatient - Groups; Juvenile N | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Non-Treatment: Anger Management Class; Non-including Group Sessions-Mental Health; Outpati Intensive Outpatient Therapy-Mental Health; Inte (Medicaid); Assessment: Co-Occurring; Non-Treatment (Medicaid); Assessment (Medicaid); A | ent Therapy including Family Sessionsive Outpatient: Intensive Outpatient | ons-Mental Health; Outpatient Tl ent Therapy-Co-occurring; Asses | nerapy - Co-occurring | ; Intensive Outpatient: |
| Other Services: | | | | | |
| Mackling, Jamie | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3655 |
| 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 | nt - Family; Adult Non-Residential S Services Intensive Outpatient Treatr ; Juvenile Non-Residential Services | Services Outpatient - Individual; Annent; Juvenile Assessment Serv Outpatient - Groups; Juvenile N | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Convided intensive Outpations Treatment | | | | |
| | | | | | |
| Juvenile Services: | | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family;

| Name | Agency | Address | Phone | Fax |
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| Bonebright, Lori | Recovery Center | 3200 O St Ste 5 Lincoln NB 68510 | (402)742-9616 | (402)742-9116 |
| 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; A rices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment | dult Non-Residential es Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: I | Evening Reporting | | |
| 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; 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-Ro- o-Occurring Treatment essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-C | dult Non-Residential vices Intervention/Ed esidential Services (| Services Outpatient - lucation; Juvenile Outpatient - Individual |
| Juvenile Services: Other Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: rring | | |
| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St Beatrice NB 68310 | (402)228-3386 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juver ntial Services Outpat | nile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Non-Residential Services Short Term Residential; Juvenile Assessment Services | dult Non-Residential ces Partial Care; Adu | Services Outpatient - ult Residential |

Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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: Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax |
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| | Services Outpatient - Co-Occurring Treatment; Care: Juvenile Residential Services Short Term | Juvenile Non-Residential Services Intensive Outpatient Trea | atment; Juvenile Non-Residenti | al Services Partial |
| Mental Health Services: | • | i Resideriliai | | |
| 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 |
| | Family; Adult Non-Residential Services Outpatic Services Intensive Outpatient Treatment; Juven Intervention/Education; Juvenile Non-Residentia | Evaluations; Adult Non-Residential Services Outpatient - Groent - Individual; Adult Non-Residential Services Outpatient - ille Assessment Services Substance Abuse Evaluations; Juval Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juval (his psychosocial); Co-Occurring | Co-Occurring Treatment; Adult venile Non-Residential Services ervices Outpatient - Family; Juv | Non-Residential venile Non-Residentia |
| | 1 137 | | 0 | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | Outpatient Therapy including Group Sessions-Mental Health ng; Intensive Outpatient: Intensive Outpatient Therapy-Ment- nent Assessment (Medicaid); Assessment: Mental Status Ex | al Health; Intensive Outpatient: | Intensive Outpatient |
| 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: | Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatic Services Intensive Outpatient Treatment; Juven Intervention/Education; Juvenile Non-Residentia | Evaluations; Adult Non-Residential Services Intervention/Edu ent - Individual; Adult Non-Residential Services Outpatient - nile Assessment Services Substance Abuse Evaluations; Juval al Services Outpatient - Family; Juvenile Non-Residential Se Treatment; Juvenile Non-Residential Services Intensive Out | Co-Occurring Treatment; Adult venile Non-Residential Services ervices Outpatient - Individual; c | Non-Residential |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment As Occurring; Adults who Sexually Harm Evaluatio | sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); P | re-Treatment Assessment (bio- | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy including Family Sessions-Mental Health al Health; Intensive Outpatient: Intensive Outpatient Therapy | n; Outpatient Therapy - Co-occu -Co-occurring; Assessment: Co | urring; Intensive o-Occurring |
| | | | | |
| Other Services: | | | | |

Services Intensive Outpatient Treatment

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name Agency Address Phone Fax | |
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Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-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: Assessment: Co-

Other Services:

Discovery Counseling, LLC Lewallen, Lori

3005 19th Street, Suite 700 Columbus NB 68601

(402)873-5505

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; 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: Pre-Treatment Assessment (bio-psychosocial): Co-Occurring

Juvenile Services: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

Other Services:

4701 Van Dorn Suite B Lincoln NB 68506 (402)440-6496 McNichols, Stephanie

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -

Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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: Juvenile Non-Residential

Services Intensive Outpatient Treatment

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

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

Other Services: Sliding Fee Scale:

Adalis Ortiz-Vega 1368 E Normandy Blvd Deltona FL 32725 (956)203-9601 Ortiz-Vega, Adalis

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient -

Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient - 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

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

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: Bilingual Services:

Mental Health Services: Juvenile Services: Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|-------------------|
| Pawlowski, Kristi | New Hope Counseling LLC | 8101 O St Suite 300 Lincoln NB 68510 | (402)405-7922 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individual | al; Juvenile Assessment S | ervices Substance |
| Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Sel Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Non-Treatment: General Education Class; Outpa | ttient Therapy - Individual-Mental Health; Outpatient Therapy in tpatient: Intensive Outpatient Therapy-Mental Health; Intensive | | |
| Other Services: | g | | | |
| Pelster-Hess, Brooke | Blue Valley Behavioral Health | 1123 N 9th St Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Education - Individual; Adult Non-Residential Services Outpatient - Cole Assessment Services Substance Abuse Evaluations; Juvenile Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Outpation - Cole Non-Residential Intensive Outpation - Cole Non-Residen | Occurring Treatment; Adul e Non-Residential Services es Outpatient - Individual; | t Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| VanLaningham, Amanda | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete NB 68333 | (402)826-2000 | (402)826-2655 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Educationt - Individual; Adult Non-Residential Services Outpatient - Co-Ce Non-Residential Services Intervention/Education; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Oc | Dccurring Treatment; Juvern-Residential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Ourder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treat | | |
| Other Services: | Sliding Fee Scale; | | | |
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Intervention/Education tient - Co-Occurring Treatment; Juvenile Assessment Services enile Non-Residential Services Outpatient - Co-Occurring Treatment | Substance Abuse Evaluat | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|--|
| Wertz, Jill | | 3701 Union Drive Suite 100 Lincoln NB 68516 | (402)875-9270 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - | dult Non-Residential vices Intervention/Ed | Services Outpatient ducation; Juvenile |
| Mental Health Services: | • | 3 | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatieng; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Foster Care Relative/Kinship) | | |
| Other Services: | Sliding Fee Scale; No Voucher Acceptance; | | | |
| Williams, Ann | Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subste 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 nent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential s Care Monitoring SA | Services Outpatient - VMH; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | , | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Outpatient Th Mental Status Exam (MSE); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | · · · | | |
| Akers, Anita | Anita Akers PC | 11069 I St Omaha NB 68137 | (402)933-4411 | |
| 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 Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; In: (Medicaid) | tensive Outpatient: Intensive Outpatient Therapy-Mental Health; Ass | essment: Pre-Treatm | ent Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Almquist, Keith | Achievement Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)669-3665 | (402)502-5102 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occul Non-Residential Services Intervention/Education; Juvenile Non-Reso-Occurring Treatment | ring Treatment; Juve | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asses | sment (Medicaid); As | 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 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; Aces Outpatient - Groups; Adult Non-Residential Services Outpatient - Irvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Sevaluations; Juvenile Non-Residential Services Intervention/Educatial Services Outpatient - Groups; Juvenile Non-Residential Services Conile 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

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Outpatient Therapy including Family Sessions-Mo | atient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Outpatier nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; SE); Assessment: Co-Occurring | nt Therapy - Co-occurring; In | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; | • | | |
| Batter, Sara | | 9239 W Center Rd #223 Omaha NB 68124 | (402)932-6643 | (402)614-3414 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Group tt - Individual; Adult Non-Residential Services Outpatient - Co Non-Residential Services Outpatient - Groups; Juvenile Non Juvenile Non-Residential Services Outpatient - Co-Occurring | o-Occurring Treatment; Juve n-Residential Services Outpa | 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) | utpatient Therapy including Family Sessions-Mental Health; 0 | Outpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Baul-Pinson, Doraine | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| 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/Educant - Family; Adult Non-Residential Services Outpatient - Individervices Intensive Outpatient Treatment; Juvenile Assessmet Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-dividual; Juvenile Non-Residential Services Outpatient - Co-dividual; | vidual; Adult Non-Residentia nt Services Substance Abus enile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Family Partner; Non-Treatment: Professional Par Health; Outpatient Therapy including Family Sessi | Treatment: General Education Class; Non-Treatment: Emplo tner; Outpatient Therapy - Individual-Mental Health; Outpatie sions-Mental Health; Outpatient Therapy - Co-occurring; Interpatient Therapy-Co-occurring; Assessment: Co-Occurring; Note that the therapy-Co-occurring; Assessment: Co-Occurring; Note that the therapy-Co-occurring; Note the therapy-Co-occurring; Note that the therapy-Co-occurring; Note the the therapy-Co-occurring; Note the therapy-Co-occurring; Note the therapy-Co-occurring; Note the therapy-Co-occurring; Note the the therapy-Co-occurring; Note the therapy-Co-occurring; Note the therapy-Co-occurring; Note the therapy-Co-occurring; Note the the therapy-Co-occurring; Note the therapy-Co-occurring; Note the therapy-Co-occurring; Note the therapy-Co-occurring; Note the the therapy-Co-occurring; Note the therapy-Co-occurring; Note the therapy-Co-occurring; Note the the therapy-Co-occurring; Note t | ent Therapy including Group nsive Outpatient: Intensive C | Sessions-Mental Outpatient Therapy- |
| 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 Outpa | aluations; Adult Non-Residential Services Intervention/Educationt - Co-Occurring Treatment; Juvenile Assessment Service enile Non-Residential Services Outpatient - Individual; Juveni | 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; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-

Mental Health; Outpatient Therapy - Co-occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential 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 y; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential vices Substance Abuse Non-Residential Service | Services Outpatient Evaluations; Juveniles Outpatient - Family |
| Mental Health Services: | | nagement; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co | -Occurring Evaluation | (C/O); Pre-Treatmen |
| | Assessment (Medicaid); Assessment: Mental Sta | py-Mental Health; Intensive Outpatient: Intensive Outpatient Therapatus Exam (MSE) | y-Co-occurring; Asses | sment: Pre-Treatmer |
| 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 Ex | valuations; Juvenile Assessment Services Substance Abuse Evalua | tions | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | outpatient Therapy including Family Sessions-Mental Health; Outpat nent: Mental Status Exam (MSE); Assessment: Co-Occurring | ient Therapy - Co-occu | ırring; Assessment: |
| Other Services: | | 3 | | |
| Bernthaler, Beth | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8509 | (402)455-7050 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult F Juvenile Non-Residential Services Outpatient - Outp | valuations; Adult Non-Residential Services Outpatient - Groups; Adınt - Individual; Adult Non-Residential Services Outpatient - Co-Occuresidential Services Therapeutic Community; Juvenile Assessment Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile to-Co-Occurring Treatment; Juvenile Non-Residential Services Short Term Residential | urring Treatment; Adult Services Substance Al enile 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; Asses | ssment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Beyer, Kara | Beyer Counseling Services LLC | 1406 Veterans Drive Suite 205 Elkhorn NB 68022 | (402)707-4899 | |
| 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 ervices Intervention/Ed | Services Outpatient ucation; Juvenile |

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

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

Therapy - Co-occurring; Assessment: Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| | diverme Residential Gervices Therapeutic Comi | number of the apeutic Group frome | | |
|---------------------------|---|---|--------------------------------|-------------|
| Name | Agency | Address | Phone | Fax |
| Other Services: | Sliding Fee Scale; | | | |
| Bodlak, Tara | Heartland Family Service | 1301 S 41st St Omaha NB 68105 | (402)444-3787 | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | e Evaluations; Juvenile Non-Residential Services Outpatient - Services Outpatient - Co-Occurring Treatment | Family; Juvenile Non-Residenti | al Services |
| Mental Health Services: | oupanem mamada, ouremo non nocacina | Connect Carpanoni Co Coodining Hodinioni | | |
| Juvenile Services: | Assessment: Co-Occurring | | | |
| Other Services: | | | | |
| Bolter, Shannon | KVC Behavioral HealthCare | 11550 I Street, Suite 100 Omaha NB 68137 | (402)201-4288 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educa ance Abuse Evaluations; Juvenile Non-Residential Services Ir | • | |

Mental Health Services:

Juvenile Services: Non-Treatment: Family Support Worker

Other Services:

3200 O St Ste 5 Lincoln NB 68510 Recovery Center (402)742-9616 Bonebright, Lori (402)742-9116

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 Intensive Outpatient 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 Intensive Outpatient Treatment

Mental Health Services:

Juvenile Services: Non-Treatment: Day Reporting: Non-Treatment: Evening Reporting

Other Services: Sliding Fee Scale:

Borer, Kersten Kersten Borer LLC 7602 Pacific St Ste 304 Omaha NB 68114 (402)515-5383 (402)933-6447

Substance Abuse Services: 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

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

Occurring

Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment

Assessment (Medicaid); Assessment: Mental Status Exam (MSE)

Other Services: Sliding Fee Scale:

| Name | Agency | Address | Phone | Fax |
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| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi | ation; Adult Non-Residential Services Outpatient - Groups; Adult Non idual; Juvenile Non-Residential Services Intervention/Education; Juve titent - Family; Juvenile Non-Residential Services Outpatient - Individu | nile Non-Residentia | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | |
| Juvenile Services: Other Services: | Non-Treatment: Day Reporting; Non-Treatment: E | Evening Reporting; Outpatient Therapy - Individual-Mental Health; Co | mmunity Treatment | Aide |
| 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 - Co Outpatient Therapy; Pre-Treatment Assessment (| | ng Treatment; Juver tial Services Outpati | nile Assessment ent - Individual; |
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment; Juvenile Assessment Servi | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Acices Substance Abuse Evaluations; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Family; Juvenile Non-Reside atient Treatment | lult Non-Residential s Intervention/Educa | Services Intensive ation; Juvenile Non- |
| | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Calabrese, Shannon | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)515-2546 | (402)444-1703 |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Groups; vices Outpatient - Individual; Juvenile Non-Residential Services Outp | | |
| Mental Health Services: | | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Acurring | | |

Other Services: No Voucher Acceptance;

| Name | Agency | Address | Phone | Fax |
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| 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 | 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 Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | • • • | | - " - ' |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpation; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | raluations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Residuvenile No | rring Treatment; Juve ential Services Outpa ment | nile Assessment tient - Family; Juvenile |
| Juvenile Services: | Clisis Frione Line, Emergency Medical Health Ev | ratuation, Outpatient Therapy, Fre-Treatment Assessment (bio-psyc | nosocial), co-occum | ng |
| Other Services: | No Voucher Acceptance; | | | |
| Clover-Allen, Heather | Clover Counseling LLC | 3677 N 129th St Omaha NB 68164 | (402)253-5765 | |
| Substance Abuse Services: Mental Health Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment | ; Juvenile Non-Reside | ential Services |
| | Assessment: Pre-Treatment Assessment (Medica | oid): Accoccment: Co Occurring | | |
| Other Services: | Assessment. Fre-freatment Assessment (weddo | alu), Assessment. Co-Occurring | | |
| Cloyd, Christi | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-2932 | (402)572-3467 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; Annt - Family; Adult Non-Residential Services Outpatient - Individual; rervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | Adult Non-Residential rvices Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | Tarana and a samula | | | |
| Juvenile Services: | | | | |

| | | Address | Phone | Fax |
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| Connelly, Carolyn | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-3329 | (402)498-3375 |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Intervention/Educatio vices Outpatient - Individual; Juvenile Non-Residential Services Outpater | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | tpatient Therapy including Group Sessions-Mental Health; Outpatient; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Int Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | | |
| Other Services: | Hearing Impaired; 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 Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Noe Outpatient Treatment; Juvenile Non-Residential Services Intervent dential Services Outpatient - Individual; Juvenile Non-Residential Serv | on/Education; Juver | nile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | |
| | Mental Health; Assessment: Pre-Treatment Asses | utpatient Therapy including Group Sessions-Mental Health; Outpatient ssment (Medicaid) | Therapy including F | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Cook, Count | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Inc Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu ht - Family; Adult Non-Residential Services Outpatient - Individual; Adult hervices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential S s Substance Abuse -Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Non-Treatment: Anger Management Class; Non-Tramily Partner; Outpatient Therapy - Individual-M | Freatment: General Education Class; Non-Treatment: Employment Pla ental Health; Outpatient Therapy including Group Sessions-Mental He py - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy | ealth; Outpatient The | erapy including |

| Name | Agency | Address | Phone | Fax |
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| Cornelius, Dawn | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| | Groups; Adult Non-Residential Services Outpatier Outpatient Treatment; Juvenile Assessment Servi Residential Services Outpatient - Groups; Juvenile Juvenile Non-Residential Services Intensive Outp | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individices Substance Abuse Evaluations; Juvenile Non-Residential Se Non-Residential Services Outpatient - Family; Juvenile Nonatient Treatment | lual; Adult Non-Residential S Services Intervention/Educat | Services Intensive ion; Juvenile Non- |
| Mental Health Services: | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: A Program; Non-Treatment: Family Partner; Non-Tr Bilingual Services; | Anger Management Class; Non-Treatment: General Education eatment: Family Support Worker | Class; Non-Treatment: Emp | loyment Placement |
| Other Services. | billigual Services, | | | |
| Czapenski, John | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (402)651-5404 | |
| Mental Health Services: | Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment; Juvenile Non-Residential S | enile Assessment Services Substance Abuse Evaluations; Juve Services Outpatient - Groups; Juvenile Non-Residential Servic sidential Services Outpatient - Co-Occurring Treatment; Juven Services Partial Care | ces Outpatient - Family; Juve | nile Non-Residentia |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| | | | | |
| DeLanoit, Stacey | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)413-1420 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile ob-Occurring Treatment | on; Adult Non-Residential Selual; Adult Non-Residential Selual; Adult Non-Residential Services Intervention/Edu | Services Outpatient - cation; Juvenile |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co Outpatient Therapy; Pre-Treatment Assessment (| aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individervices Substance Abuse Evaluations; Juvenile Non-Residential Venile Non-Residential Services Outpatient - Family; Juvenile O-Occurring Treatment (bio-psychosocial); Co-Occurring; Psychological Evaluation | on; Adult Non-Residential Se lual; Adult Non-Residential S al Services Intervention/Edu Non-Residential Services Ou | Services Outpatient cation; Juvenile utpatient - Individua |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Juvenile Assessment Sc Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co Outpatient Therapy; Pre-Treatment Assessment (Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpatien | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile ob-Occurring Treatment | on; Adult Non-Residential Se lual; Adult Non-Residential S al Services Intervention/Edu Non-Residential Services Ou ividual-Mental Health; Outpa ent Therapy - Eating Disorde | services Outpatient cation; Juvenile utpatient - Individua tient Therapy rr; Outpatient |

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Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Denker, Lindsay | Capstone Behavioral Health | 1941 S. 42nd St. STE 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| 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 Treatme | ng Treatment; Juver ntial Services Outpat | nile Assessment |
| Mental Health Services: | Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Ç . | | | |
| Denker, Lindsay | Lindsay Denker LLC | 9239 W Center Rd Suite 226 Omaha NB 68124 | (402)932-6643 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult N ient - Co-Occurring Treatment; Juvenile Assessment Services Substa 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; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | | | | |
| Dirks, Tamara | Nebraska Urban Indian Health Inc | 2240 Landon Court Omaha NB 68102 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Short Term Residential; Juvenile Assessment Services Substance Alenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential; Juvenile Non-Residential Services Intensive Outpatient Trea | dult Non-Residential buse Evaluations; Ju sidential Services Ou | Services Intensive ivenile Non- itpatient - Family; |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dotzler, Jason | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | Occurring Treatment; Adult Non-Residential Servi | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non- ices Intensive Outpatient Treatment; Juvenile Non-Residential Servic nile Non-Residential Services Outpatient - Co-Occurring Treatment; J | es Outpatient - Fami | ily; Juvenile Non- |
| Mental Health Services: | • | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırring; Intensive |

Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Non-Treatment: Intensive Family

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| 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; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessr | nent: Pre-Treatment A | ssessment |
| 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 |
| | Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Co-Occurring | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring utpatient Therapy including Family Sessions-Mental Health; Outpatient | idential Services Outp ng Treatment | oatient - Family; |
| Other Services: | | | | |
| Eirich, Natasha | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)315-3244 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | Adult Non-Residential Strvices Intervention/Edu | Services Outpatient - ucation; Juvenile |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including F | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Emery, Kari | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (531)355-3039 | |
| | Outpatient - Groups; Juvenile Non-Residential Se | Evaluations; Juvenile Non-Residential Services Intervention/Educatervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment | | |
| Mental Health Services: | | | | |

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

Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient

Juvenile Services: Psychiatric Residential Treatment Facility

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| 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 Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | ırring Treatment; Juver dential Services Outpat | ile 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; Assess | sment: Pre-Treatment A | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Fintel, Kimberly | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7062 | |
| | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adutient - Co-Occurring Treatment; Juvenile Assessment Services Suble Non-Residential Services Outpatient - Individual; Juvenile Non-R | stance Abuse Evaluati | ons; Juvenile Non- |
| | 1 137 | utpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy - Co-occu | rrina |
| | Sliding Fee Scale; | | | 9 |
| Flowers, LaRhonda | Restore Rebuild Reconnect Counseling Center LLC | 1941 S.42nd street Suite 523 Omaha NB 68105 | (402)917-1054 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Intensive Outpatient | | |
| | Services intensive Outbattent Treatment | | | on residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | on residential |
| | Outpatient Therapy; Pre-Treatment Assessment (Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy - Co-occu | |
| | Outpatient Therapy; Pre-Treatment Assessment (| utpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy - Co-occu | |

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Assessment: Co-Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Foxx, Karen | Next Step Counseling Service | 6001 North 30th Street Omaha NB 68111 | (402)312-1009 | |
| Substance Abuse Services: | 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 | ing Treatment; Juver ntial Services Outpat | ile Assessment |
| Mental Health Services: | | | | |
| 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 | 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 | ing Treatment; Juver ntial Services Outpat | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Eating Disor Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | nt Therapy including I Assessment (Medica | Family Sessions- id); Assessment: Co- |
| Other Services: | 3 | | | |
| 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 Outpatient Treatment; Juvenile Assessment Serv Residential Services Outpatient - Groups; Juveni Juvenile Non-Residential Services Intensive Outp | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Residentient Treatment | dult Non-Residential es Intervention/Educa | Services Intensive tion; Juvenile Non- |
| | Non-Treatment: General Education Class | | | |
| | Sliding Fee Scale; | | | |
| Gonzalez, Beatriz | BG Counseling and Consulting | 1941 S 42nd St Suite 107 Omaha NB 68105 | (402)212-0027 | (402)300-1869 |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Family; Adult Non ince Abuse Evaluations; Juvenile Non-Residential Services Interventi Iential Services Outpatient - Individual | | |
| Mental Health Services: | , , , , , , , , , , , , , , , , , , , | 1 | | |
| Juvenile Services: | Non-Treatment: General Education Class; Outpa | tient Therapy - Individual-Mental Health; Outpatient Therapy includin | g Group Sessions-Me | ental Health; |

Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid);

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Bilingual Services; | | | |
| Gonzalez, Beatriz | Buoyant Family Services Counseling and Consulting LLC | The Center-Suite 106 1941 S 42nd St Omaha NB 68105 | (402)933-7577 | (402)933-7786 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non- | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | tient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | | ental Health; |
| Other Services: | Bilingual Services; | | - | |
| Goodwin, Lori | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| Substance Abuse Services: Mental Health 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 Care Monitoring SA/MH; ervices Outpatient - Family; Juvenile Non-Residential Services Outpat (bio-psychosocial); Co-Occurring | family; Adult Non-Re rvices Substance Ab ; Juvenile Non-Resid | sidential Services suse Evaluations; lential Services |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | (), | | | |
| Goodwin-Daly, Tonya | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad It - 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: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Co-occu | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpurring; Assessment: Co-Occurring | patient Therapy-Men | tal Health; Intensive |
| 0.1 0 . | • | - · · · · · · · · · · · · · · · · · · · | | |

| Name | Agency | Address | Phone | Fax |
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| Green, Faith | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential vices Intervention/Edi | Services Outpatient - ucation; Juvenile |
| | Non-Treatment: General Education Class; Outpar | tient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gregory, Nichole | | 2170 North Platte Ave Fremont NB 68025-2630 | (402)720-1621 | (402)753-6445 |
| 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; A rices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | dult Non-Residential as Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | ouvering North Residential Services Intensive Out | auth Heathert | | |
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Habrich, Carla | Restored Counseling Services | 6648 Charles St Omaha NB 68132 | (402)813-2255 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Juvenile Assessment Services Substance Abuse Evaluations of Cutnations - Individual | | |
| Mental Health Services: | Suspandin Family, suvering Non-Neoladinial Sol | Troop Capation Individual | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | | ot Thorony including | Eamily Socions |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | -aniiy Sessions- |

| Name | Agency | Address | Phone | Fax |
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| 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 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; Juven ntial Services Outpati | ile Assessment ent - Family; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | rring; Intensive |
| | Outpatient: Intensive Outpatient Therapy-Co-occi Assessment: Co-Occurring | urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessn | nent: Mental Status E | xam (MSE); |
| 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 Outpatesidential Services Outpatient - Groups; Juvenil Occurring Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst le Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluation | ons; Juvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | 1 17 | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including F | Family Sessions- |
| Other Services: | | | | |
| Harper, Hallie | Personal Touch and Care Enterprise Inc. | 5635 Kansas Ave. Suite 225 Omaha NB 68104 | (402)960-9784 | (402)763-6792 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential vices Intervention/Edu | Services Outpatient - ucation; Juvenile |
| | Non-Treatment: Anger Management Class; Outpoutpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includirental Health; Outpatient Therapy - Co-occurring; Day Treatment Day | | |
| Other Services: | Day Treatment - Co-occurring; Assessment: Co-osliding Fee Scale; Hearing Impaired; | Occurring | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax | | |
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| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Residential Services Therapeutic Community or Therapeutic Group | ng Treatment; Juveni dential Services Outpa g Treatment; Juvenile | le Assessment atient - Family; | | |
| Mental Health Services: | tpatient Therapy; Pre-Treatment Assessment (bio-psychosocial) | | | | | |
| | Outpatient: Intensive Outpatient Therapy-Co-occu Assessment: Co-Occurring | utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive utpatient: Intensive Outpatient Therapy-Co-occurring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Treatment Assessment (Medicaid); | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| 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 Services | | dult Non-Residential S rual Residential (MH/S Ion-Residential Servic tpatient - Family; Juve | ervices Outpatien SA); Adult es enile Non-Residen | | |
| | 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; Intensive Outpatient Therapy-Mental Health; Intensive Outpatient Therapy-Mental Health; Day Treatment: Day Treatment - Co-occurring; A | ntensive Outpatient: I | ntensive Outpatier | | |
| 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; | Juvenile Residential | Services Short Ter | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Assess | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occu | ırring | | | |
| Oth + = C - = - ! | | | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Horton, Shawna | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (317)417-6447 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential ces Substance Abuson-Residential Servic | Services Outpatier e Evaluations; Juve es Outpatient - Fan |
| | | (อเจ-psychosociar), Co-Occurring Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health | · Outnatient Therany | including Group |
| caverine cervicee. | Sessions-Mental Health; Outpatient Therapy incli | uding Family Sessions-Mental Health; Outpatient Therapy - Eating D | isorder; Outpatient T | herapy - Co-occurri |
| Other Services: | Assessment: Co-Occurring Sliding Fee Scale; | | | |
| Other Octylees. | Silding ree Scale, | | | |
| Howard, Daryl | Omaha Home for Boys | 4343 N 52nd St Omaha NB 68104 | (402)457-7042 | (402)457-7162 |
| Mental Health Services: | | al Services Outpatient - Groups; Juvenile Non-Residential Services Cenile Non-Residential Services Outpatient - Co-Occurring Treatment; | | |
| Juvenile Services: | Sessions-Mental Health; Outpatient Therapy included Intensive Outpatient: Intensive Outpatient Therapy | Anger Management Class; Outpatient Therapy - Individual-Mental Houding Family Sessions-Mental Health; Outpatient Therapy - Eating Doy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapying; Non-Treatment: Intensive Family Preservation | isorder; Outpatient T | herapy - Co-occurri |
| Other Services: | | | | |
| Hughbanks, Sharon | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5454 | (402)715-5452 |
| Substance Abuse Services: | Outpatient Treatment; Adult Residential Services | aluations; Adult Non-Residential Services Outpatient - Individual; Ad Short Term Residential; Juvenile Assessment Services Substance A reatment; Juvenile Non-Residential Services Intensive Outpatient Tr | Abuse Evaluations; J | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | odion | |
| Juvenile Services: | 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 | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Asservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile No | dult Non-Residential ces Substance Abus | Services Outpatier e Evaluations; Juve |

Services Intensive Outpatient Treatment

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

Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Assessment (M

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Outpatient Therapy | | ' | 1 |
| Juvenile Services: | | oatient Therapy - Individual-Mental Health; Outpatient Therapy includ tpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outp er | | |
| 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 Outpatiel Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occue Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | ırring Treatment; Juve dential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; Outpatirder; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occule Assessment Services Substance Abuse Evaluations; Juvenile No I Services Outpatient - Groups; Juvenile Non-Residential Services Cesidential 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; | ırring Treatment; Adul ın-Residential Service: Dutpatient - Family; Ju | t Non-Residential s venile Non-Residentia |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | Outpatient Therapy including Group Sessions-Mental Health; Outpatig; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healthent Assessment (Medicaid); Assessment: Mental Status Exam (MSI) | ; Intensive Outpatient | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, Kimberly | Eastern Nebraska Community Action Partnership Inc | 2406 Fowler Avenue Omaha NB 68111 | (402)453-5656 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Action - Family; Adult Non-Residential Services Outpatient - Individual; Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Co-Occurring Treatment | Adult Non-Residential ervices Intervention/Ed | Services Outpatient ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | outpatient Therapy including Group Sessions-Mental Health; Outpati | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Other Services: | Sliding Fee Scale; | | • | |
| Jordan, Kelsey | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| 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; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-lo-Occurring Treatment | Adult Non-Residential rvices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | · | · · | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| Other 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 | aluations; Adult Non-Residential Services Outpatient - Family; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatie essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | nt - Family; Juvenile | |
| | 1 27 | utpatient Therapy including Family Sessions-Mental Health; Outpatie | · · | urring; Assessment: |
| Other Services: | Bilingual Services; | ent. Mental Status Exam (MSE) | | |
| 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; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Aservices Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Care Monitoring SA/MH; nt - Family; Adult Non-Residential Services Outpatient - Individual; | | |

Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-

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 Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Occurring Treatment; Juvenile Non-Residential S Outpatient Therapy; Pre-Treatment Assessment | • | | |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kola, Betty | Buoyant Family Services Counseling and Consulting LLC | The Center-Suite 106 1941 S 42nd St Omaha NB 68105 | (402)905-1120 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Nonamily; Juvenile Non-Residential Services Outpatient - Individual; Juvenile | ing Treatment; Adult N Residential Services C | on-Residential Outpatient - Groups; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | Individual-Mental Health; Outpatient Therapy including Family Sessic atment Assessment (Medicaid); Assessment: Mental Status Exam (Medicaid) | | |
| Other Services: | Bilingual Services; | Support Notice | | |
| Konen, Michele | Transition Recovery Center Evaluations | 13302 Millard Ave Suite 104 Omaha NB 68137 | (402)813-3605 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Juvenile Assessment Service | raluations; 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-Redividual | amily; Adult Non-Resides Intervention/Educat | dential Services ion; Juvenile Non- |
| Mental Health Services: | γ | | | |
| Juvenile Services: | | | | |
| 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 Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual; Juv vices Outpatient - Individual | renile Assessment Ser | vices Substance |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax | |
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| Kovanda, Willow | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential es Substance Abuse -Residential Service | Services Outpatient - Evaluations; Juvenile | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| utpatient 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; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Ir g | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Lanning, Krystal | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (| aluations; Juvenile Assessment Services Substance Abuse Evaluation (bio-psychosocial); Co-Occurring | าร | | |
| | Sliding Fee Scale; | | | | |
| Laufenberg , James | | 11069 I Street Omaha NB 68137 | (402)290-2602 | (888)507-5931 | |
| | Groups; Adult Non-Residential Services Outpatie | | ing Treatment; Juve | nile Assessment | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess | ment (Medicaid); As | sessment: Co- | |
| Other Services: | Occurring | | | | |
| Leary, Julie | Bazinga Counseling Inc | 7317 Joseph Ave La Vista NB 68128 | (402)740-6453 | (402)592-3705 | |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family; Services Outpatient - Co-Occurring Treatment | luvenile Non-Reside | ntial Services | |
| Mental Health Services: | | | | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Co-Occurring | t Therapy - Co-occu | rring; Assessment: | |
| Other Services: | Sliding Fee Scale; | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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; Juvenile Non-Residential Services Outpatient - C | | lividual; Adult Non-Residential ential Services Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; As | ssessment: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 - Famance Abuse Evaluations; Juvenile Non-Residential Services | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | outpatient Therapy including Family Sessions-Mental Health; | Outpatient Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | ient. Co-Occurring | | |
| Likes, Jason | Boys Town | 555 N. 30th St. Omaha NB 68131 | (402)498-7910 | (402)498-7916 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | valuations; Adult Non-Residential Services Intervention/Educ | cation; Juvenile Assessment S | Services Substance |
| Mental Health Services: | , 1500 2 10100 100 100 100 100 100 100 100 1 | | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility | | | |
| 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 Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Grount - Individual; Adult Non-Residential Services Outpatient - Ce Non-Residential Services Outpatient - Groups; Juvenile Nogruvenile Non-Residential Services Outpatient - Co-Occurring | Co-Occurring Treatment; Juve on-Residential Services Outpa | nile Assessment |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Mental Health Services: | outputton morapy, no mountain noocoment | (bio poyonocciai) | | |
| | | outpatient Therapy including Family Sessions-Mental Health; | Psychiatric Residential Treati | ment Facility; |

| Name | Agency | Address | Phone | Fax |
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| Maldonado, Gina | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | (402)504-3882 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance A | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Manning, Tia | Wholehearted Therapy | 2126 N 117th Ave Omaha NB 68164 | (816)572-0676 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Juvenile Non-Residential Services Ou nile Non-Residential Services Outpatient - Co-Occurring Treatment | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Marshall, Christopher | | 1941 S 42nd St Suite 507 Omaha NB 68105 | (531)867-7455 | (531)466-8610 |
| 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 | | | |
| 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; | | | |
| 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 rices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | reatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Cuding Family Sessions-Mental Health; Assessment: Co-Occurring | Outpatient Therapy i | ncluding Group |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient 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: Juvenile Non-Residential

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive

| Name | Agency | Address | Phone | Fax |
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| McDill, Heather | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)554-7204 | (402)339-4358 |
| 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-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juver ntial 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 der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| McMorris, Kimberly | | 8502 Underwood AVe Omaha NB 68114 | (402)507-9947 | (402)884-1312 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult None Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | |
| 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; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring (bio-psychosocial); Co-Occurring | dult Non-Residential es Substance Abusen-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| 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: | Sliding Fee Scale; | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |

Services Intensive Outpatient Treatment

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Outpatient: Intensive Outpatient Therapy-Co-occu Assessment: Co-Occurring | urring; Assessment: Pre-Treatment Assessment (Medicaid); Assess | sment: Mental Status I | Exam (MSE); |
| Moreno Izaguirre, Raquel | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)309-9978 | (402)939-0666 |
| | Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpat | ly; Adult Non-Residential Services Outpatient - Individual; Juvenile tient - Individual | Non-Residential Servi | ices Outpatient - |
| Mental Health Services: Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Non-Tr | eatment: Family Supp | ort Worker; Non- |
| Other Services: | Treatment: Intensive Family Preservation Bilingual Services; | | , | |
| Moreno, Dominique | Moreno Therapy P.C., LLC | 111414 W. Center Rd Suite 300 Omaha NB 68144 | (402)660-9555 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult - 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: | Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy - Co-occu | ırring; Assessment: |
| Other Services: | o occurry. | | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult - 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 Iential Services Outpa | nile Assessment tient - Family; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Eating Disorder; Non-Treatment: Intensive Fam | ily Preservation | |
| 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; A tt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Re dividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | rring Treatment; Juve sidential Services Out | nile Assessment |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Name **Address Phone** Fax Agency

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

Other Services: Sliding Fee Scale;

Osler, Lisa 10826 Old Mill Rd Suite 103A Omaha NB 68154 (402)881-0445

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Juvenile Assessment Services Substance Abuse Evaluations

Mental Health Services: Juvenile Services: Other Services:

Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105

(402)552-7419 (402)457-7791

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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

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

Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group

Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment

Assessment (Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale; Hearing Impaired;

Parsha, Mvisha Omaha Trauma Therapy 5410 S 99th St Omaha NB 68127

(531)444-1963 (531)203-5224

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

Mental Health Services: Outpatient Therapy; Co-Occurring

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

Co-Occurring

Other Services:

Capstone Behavioral Health Parsha, Myisha

1941 South 42nd Street Suite 328 Omaha NB 68105

(531)444-1963

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient -Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Mental Health Services: Outpatient Therapy; Co-Occurring

Co-Occurring Treatment

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Co-occurrin | Outpatient Therapy including Group Sessions-Mental Health | ; Outpatient Therapy including F | -amily Sessions- |
| Other Services: | | | | |
| Pawlowski, Kristi | New Hope Counseling LLC | 8101 O St Suite 300 Lincoln NB 68510 | (402)405-7922 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Indi | vidual; Juvenile Assessment Se | ervices Substance |
| Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Se Outpatient Therapy: Pre-Treatment Assessment | · | | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therap tpatient: Intensive Outpatient Therapy-Mental Health; Intens | | |
| Other Services: | occurring, Assessment. Co-Occurring | | | |
| Pedersen, Brandon | Behavioral Health of Omaha | 7253 Grover st Omaha NB 68124 | (402)490-0442 | |
| | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Gro ent - Individual; Adult Non-Residential Services Outpatient - e Non-Residential Services Outpatient - Groups; Juvenile N ; Juvenile Non-Residential Services Outpatient - Co-Occurri | Co-Occurring Treatment; Juven on-Residential Services Outpati | ile Assessment |
| | Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | | | | |
| Pierce , Elizabeth | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (405)552-7083 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Gro int - Individual; Adult Non-Residential Services Outpatient - e Non-Residential Services Outpatient - Groups; Juvenile N ; Juvenile Non-Residential Services Outpatient - Co-Occurr | Co-Occurring Treatment; Juven on-Residential Services Outpati | ile Assessment |
| 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 | Outpatient Therapy including Group Sessions-Mental Health | ; Outpatient Therapy including F | Family Sessions- |
| Other Services: | Mentarrieatin, Outpatient merapy - Co-occumin | g, Assessment. Co-Occurring | | |
| 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 Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Edu int - Individual; Adult Non-Residential Services Outpatient - e Non-Residential Services Intervention/Education; Juvenile Family; Juvenile Non-Residential Services Outpatient - Indiv | Co-Occurring Treatment; Juven Non-Residential Services Outp | ile Assessment patient - Groups; |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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psychosocial); Co-Occurring

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): Non-Treatment: Family Support Worker:

Non-Treatment: Intensive Family Preservation

Other Services:

Powell, Shannon **Complete Family Treatment Services** 10846 John Galt Blvd Omaha NB 68137 (402)325-1290

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 Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Mental Health Services: Juvenile Services: Other Services:

Prince, Reginald Serenity Matters 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 (402)830-3890 (402)212-0282

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; 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

Mental Health Services: Outpatient Therapy; Co-Occurring

Juvenile Services: Non-Treatment: Anger Management Class

Other Services: Sliding Fee Scale:

Radtke, Paul 2170 N Platte Ave Fremont NB 68025 (402)720-7026

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient -Individual: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual

Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial)

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

Other Services:

Capstone Behavioral Health Rezac, Jacqueline

230 E 22nd St Suite 4 Fremont NB 68025

(402)350-3267

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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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

Other Services:

| Name | Agency | Address | Phone | Fax |
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| | Outpatient - Co-Occurring Treatment; Juvenile No | on-Residential Services Intensive Outpatient Treatment | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| , | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessme | ent: Pre-Treatment As | ssessment |
| Other Services: | Sliding Fee Scale; | | | |
| Robinson, Sarah | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)769-5408 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Nient - Co-Occurring Treatment; Adult Non-Residential Services Intensons; Juvenile Non-Residential Services Outpatient - Groups; Juvenile tient - Individual; Juvenile Non-Residential Services Outpatient - Co-Oent | ive Outpatient Treatn Non-Residential Serv | nent; Juvenile rices Outpatient - |
| Mental Health Services: | · | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Roth, Jessica | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult It - Individual; Adult Non-Residential Services Outpatient - Co-Occurrin Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juveni tial Services Outpatie | le Assessment |
| 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; Outpatien | t Therapy - Co-occur | ring |
| Other Services: | Sliding Fee Scale; | | | |
| Salvatore, Christine | | 1320 Galvin Road South Bellevue NB 68005 | (402)292-6006 | |
| | Individual; Juvenile Assessment Services Substaterices Outpatient - Individual | aluations; Adult Non-Residential Services Outpatient - Family; Adult N nce Abuse Evaluations; Juvenile Non-Residential Services Outpatient | | |
| 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; Assessme | ent: Co-Occurring | |

| 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 | |
| | 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 Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Edual Services Outpatient - Groups; Juvenile Non-Residential Services outpatient - Groups; Juvenile Non-Residential Services outpatient - Co-Occurring Treatmential Services Outpatient - Co-Occurring Outpatient - Co-Occ | t - Family; Adult Non-Resi al Services Intensive Outpa cation; Juvenile Non-Resi es Outpatient - Family; Juv | dential Services atient Treatment; dential Services enile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | ě | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive | Outpatient Therapy-Co-occ | curring |
| Other Services: | | | | |
| Schnieder, Brian | | 8998 L Street, Suite 110 Omaha NB 68127 | (402)850-0054 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Family; Jur Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual services Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Individual; Juvenile I | l; Adult Non-Residential S Services Intervention/Educ | ervices Outpatient cation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outp | atient Therapy - Co-occurr | ing |
| Schrum, Amanda | Schrum Associates | PO Box 588 Blair NB 68008 | (402)619-9686 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res | raluations; Adult Non-Residential Services Intervention/Education; int - Individual; Adult Non-Residential Services Intensive Outpatie idential Services Intervention/Education; Juvenile Non-Residentia inile Non-Residential Services Intensive Outpatient Treatment | nt Treatment; Juvenile Ass | sessment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| 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 - Individual; rvices Outpatient - Groups; Juvenile Non-Residential Services Ou esidential Services Outpatient - Co-Occurring Treatment | | |
| | 3 | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive | Outpatient Therapy-Co-occ | curring; |

| Name | Agency | Address | Phone | Fax |
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| 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 Outpat Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Outpatient - Family; Adult N tient - Co-Occurring Treatment; Juvenile Assessment Services Substatenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | nce Abuse Evaluation idential Services Our | ons; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| | including Family Sessions-Mental Health; Outpati | Individual-Mental Health; Outpatient Therapy including Group Session ent Therapy - Co-occurring | ns-Mental Health; Ou | utpatient Therapy |
| Other Services: | Sliding Fee Scale; | | | |
| 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 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-Residensive Outpatient Treatment | nce Abuse Evaluation | ons; Juvenile Non- |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio-p | osychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Int (Medicaid) | tensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess | sment: Pre-Treatmer | nt Assessment |
| Other Services: | | | | |
| Siemer-Daisley, Kris | Siemer Counseling & Assessments LLC | 12020 Shamrock Plaza #200 Omaha NB 68154 | (402)500-0555 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring - Co-Occurring Services Outpatient - Co-Occurring - Co-Occu | ng Treatment; Juven ential Services Outp | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio-p | osychosocial); Co- |
| Juvenile Services: | • | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Co-Occurring | t Therapy - Co-occui | rring; Assessment: |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment Outpatient Therapy - Individual-Mental Health; As | | ions | |
| Smith, Kaitlyn | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)677-7442 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | • | Adult Non-Residential Services Intervention/Educ | ervices Outpatient - ation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health; Outpatie | ont Thorony including Fo | mily Cossions |
| Juverille Services. | Mental Health; Outpatient Therapy - Co-occurring | | ent merapy including Fai | ITIIIY Sessions- |
| Other Services: | | • | | |
| Soriano, David | Integral Care, LLC | 1941 South 42nd Street Suite 107 Omaha NB 68105 | (402)515-9815 | |
| Substance Abuse Services: Mental Health Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment | ; Juvenile Non-Residenti | al Services |
| | Outpatient Therapy - Individual-Mental Health: O | utpatient Therapy including Family Sessions-Mental Health; Outpati | ent Therapy - Co-occurri | na |
| | Bilingual Services; | aparon morapy moraling carrier, occording moraling carpain | o | 9 |
| Steinke, Barbara | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)444-3787 | |
| Substance Abuse Services: Mental Health Services: | Juvenile Assessment Services Substance Abuse Outpatient - Individual; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment | ; Juvenile Non-Residenti | al Services |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpati lent: Co-Occurring | ent Therapy - Co-occurri | ng; Assessment: |
| Stevenson, Sandy | Define U LLC | 2208 Lucille Dr Bellevue NB 68147 | (402)715-0296 | |
| 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; Juvenile ential Services Outpatier | Assessment |

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

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agoney | Address | Phone | Fax |
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| INAIIIE | Agency | Audress | Filone | гах |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpation: Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | ,,g | | |
| Stewart, Victoria | | 9601 S 28th St Bellevue NB 68147 | (402)598-7719 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Groups; Juveni | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subsile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Intensive Occurring Treatment; Juvenile Non-Residential Services Intensive | stance Abuse Evaluati dential Services Outpa | ons; Juvenile Non- atient - Individual; |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpati Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occu | | |
| Other Services: | (MOL), Assessment. Co-occurring | | | |
| 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 | raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Se venile Non-Residential Services Outpatient - Individual; Juvenile No | Adult Non-Residential rvices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Psychological Evaluation | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatinent Assessment (Medicaid); Assessment: Outpatient Psychiatric Ex | | |
| Other Services: | (MOZ), / NOCOSSIMONI: 1 Oyonological Zivaldation | | | |
| 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; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subse Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asset | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | 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: Mental Status Exam (MSE); Assessment: Co-Occurring

| Name | Agency | Address | Phone | Fax |
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| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Residential Services Desidential Services Short Term Residential; Juvenile Assessment Services, Juvenile Non-Residential Services Outpatient - Groups; Juvenile - Individual; Juvenile Non-Residential Services Outpatient - Coent | lult Non-Residential ual Residential (MH ervices Substance enile Non-Residenti | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatient |
| | 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 Ser | aluations; Adult Non-Residential Services Outpatient - Individual; Juve vices Outpatient - Individual | enile Assessment S | ervices Substance |
| 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: | | • | | |
| Tucker, Mildred | Cultivating Paths Counseling, LLC | 1941 S 42nd St Suite 307 Omaha NB 68105-2939 | (402)979-8350 | (888)490-0210 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Individual | lult Non-Residential | Services Intensive |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Tucker, Yasmin | Creative Counseling and Studio LLC | 11605 W Dodge Rd Suite 4 Omaha NB 68154 | (402)513-3541 | (402)599-2356 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Co-Occurring Treatment | Evaluations; Juvenile Non-Residential Services Outpatient - Individua | al; Juvenile Non-Res | sidential Services |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| | Groups; Adult Non-Residential Services Outpatiel 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 Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential es Substance Abuse -Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment (| | | |
| | Outpatient: Intensive Outpatient Therapy-Mental I Assessment (Medicaid); Assessment: Mental Star | utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring tus Exam (MSE); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Vitera, Brianna | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| 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-Occurring Non-Residential Services Intervention/Education; Juvenile Non-Residential dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juven Iential Services Outp | ile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indi | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring; Assessment: |
| Other Services: | | | | |
| Voss, Stephanie R | | 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 | (402)650-5250 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Co-Occurring Tidential Services Outpatient - Co-Occurring Treatment | reatment; Juvenile / | Assessment Services |
| Mental Health Services: | Outpatient Therapy | • | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |
| Walker, Jamie | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)709-1886 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Noutpatient Treatment; Juvenile Assessment Services Substance Ae Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | buse Evaluations; J | uvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Walker-Vinal, Kristin | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)686-9856 | • |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatier rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Edual Services Outpatient - Groups; Juvenile Non-Residential Services outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatmential Services - Co-Occurring Treatmential Services - Co-Occurring Treatmential Servi | nt - Family; Adult Non-Re al Services Intensive Ou cation; Juvenile Non-Re es Outpatient - Family; J | esidential Services tpatient Treatment esidential 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 | utpatient Therapy including Group Sessions-Mental Health; Outp. | atient Therapy including | Family Sessions- |
| 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 Outpatic Co-Occurring Treatment; Juvenile Assessment S | | al; Adult Non-Residential Services Intervention/Ed | Services Outpatie ducation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Co-Occurring | atient Therapy including | Family Sessions- |
| Viles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | raluations; Adult Non-Residential Services Outpatient - Groups; A ince Abuse Evaluations; Juvenile Non-Residential Services Outpa | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Villiams, Ann | Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; Adtient - Co-Occurring Treatment; Juvenile Assessment Services Se Non-Residential Services Outpatient - Individual; Juvenile Non- | ubstance Abuse Evaluat | ions; Juvenile Nor |

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

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

Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|----------------------------------|--------------------|
| Other Services: | | | | |
| Williams-Russell, Kendra | | P.O. Box 271046 Ralston NB 68127 | (531)215-9726 | |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Outpatient - Family; Adultance Abuse Evaluations; Juvenile Non-Residential Services Outpatie | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Wolff, Megan | Megan Wolff Counseling | 11605 West Dodge Road Suite 4 Omaha NB 68154-2566 | (531)225-7017 | (531)999-2356 |
| | Family; Adult Non-Residential Services Outpati- Services Outpatient - Groups; Juvenile Non-Re Residential Services Outpatient - Co-Occurring | | rring Treatment; Juver | ile Non-Residentia |
| | Outpatient Therapy; Pre-Treatment Assessmen | | on CTI comment to all outliness. | 'l O' |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurri | Outpatient Therapy including Group Sessions-Mental Health; Outpatie | ent i nerapy including i | -amily Sessions- |
| Other Services: | Sliding Fee Scale; | ng, / leccoontains are assuming | | |
| Zueter, Kimberly | | 5087 S 106th St Omaha NB 68127 | (402)630-7560 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outp | Evaluations; Adult Non-Residential Services Outpatient - Family; Adulatient - Co-Occurring Treatment; Juvenile Assessment Services Subsile Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessmen | nt (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | Outpatient Therapy including Family Sessions-Mental Health; Outpati ment: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occu | rring; Assessmen |
| | | | | |

| 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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy including that Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Sive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessmant: Co-Occurring | y - Co-occurring; Inte | ensive Outpatient: | |
| Other Services: | Sliding Fee Scale; | • | | | |
| Beyer, Kara | Beyer Counseling Services LLC | 1406 Veterans Drive Suite 205 Elkhorn NB 68022 | (402)707-4899 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family | ult Non-Residential Sices Intervention/Edu | Services Outpatient - ucation; Juvenile | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| • | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien ng | t Therapy - Eating D | isorder; Outpatient | |
| 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 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult I tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurrin Non-Residential Services Outpatient - Family; Juvenile Non-Resident o-Occurring Treatment | ng Treatment; Juven | ile Assessment | |
| 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; Outpatien | t Therapy - Co-occu | rring | |
| Other Services: | | | | | |

Juvenile Services: Non-Treatment: Family Support Worker

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | dult Non-Residential es Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services. | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juver ntial Services Outpat | nile Assessment |
| Mental Health Services: | Crisis Phone Line; Emergency Medical Health Ev | valuation; Outpatient Therapy; Pre-Treatment Assessment (bio-psychological) | osocial); Co-Occurrir | ng |
| Juvenile Services: | | | | |
| Other Services: | No Voucher Acceptance; | | | |
| Dotzler, Jason | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | Occurring Treatment; Adult Non-Residential Serv | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non- rices Intensive Outpatient Treatment; Juvenile Non-Residential Servicenile Non-Residential Services Outpatient - Co-Occurring Treatment; Co-Occurring | es Outpatient - Fam | ily; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr | | |
| Other Services: | | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| | Occurring Treatment; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non- ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| | N T | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Foxx, Karen | Choices | 1654 Washington Blair NB 68008 | (402)312-1009 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Juvenile Assessment Services Substance Abuse Evaluervices Outpatient - Family; Juvenile Non-Residential Services Outpat | ations; Juvenile No | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Foxx, Karen | Next Step Counseling Service | 6001 North 30th Street Omaha NB 68111 | (402)312-1009 | |
| 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; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juveal Services Intensive Outpatient Treatment | ing Treatment; Adul Services Substance | t Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Gregory, Nichole | | 2170 North Platte Ave Fremont NB 68025-2630 | (402)720-1621 | (402)753-6445 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations: Invenile Non-Residential Services | dult Non-Residentia | Services Intensive |

Outpatient 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 Intensive Outpatient Treatment

Mental Health Services:

Juvenile Services: Non-Treatment: General Education Class

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|---|
| Other Services: | Sliding Fee Scale; | | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Educati nt - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Juvenile Non-Residential Services Outpatient - Groups; Juven dividual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential : Services Substance Abuse nile 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; Ou g: Assessment: Pre-Treatment Assessment (Medicaid); Assess | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | ,,,,,, | J J | |
| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | (402)753-6445 |
| Substance Abuse Services | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intervention/Educati | ion: Adult Non-Residential S | Services Outpatient - |
| | Services Substance Abuse Evaluations; Juvenile | nt - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-O | Occurring Treatment; Juve on-Residential Services Out | nile Assessment |
| Mental Health Services: | Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Juvenile Pre-Treatment Asset | nt - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No | Occurring Treatment; Juve n-Residential Services Out occurring Treatment | nile Assessment patient - Family; |
| | Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Juvenile Pre-Treatment Associating Outpatient Therapy - Individual-Mental Health; Outpatient The | nt - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-O | Occurring Treatment; Juve on-Residential Services Out occurring Treatment Freatment Assessment (bio utpatient Therapy including | nile Assessment patient - Family; -psychosocial); Co- |
| Juvenile Services: | Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Juvenile Pre-Treatment Associating Outpatient Therapy - Individual-Mental Health; Outpatient The | at - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-O essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tupatient Therapy including Group Sessions-Mental Health; Ou | Occurring Treatment; Juve on-Residential Services Out occurring Treatment Freatment Assessment (bio utpatient Therapy including | nile Assessment patient - Family; -psychosocial); Co- |
| Juvenile Services: | Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Juvenile Pre-Treatment Asso Occurring Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Eating Disord | at - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Intervention/Education; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-O essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tupatient Therapy including Group Sessions-Mental Health; Ou | Occurring Treatment; Juve on-Residential Services Out occurring Treatment Freatment Assessment (bio utpatient Therapy including | nile Assessment patient - Family; -psychosocial); Co- |
| Juvenile Services: Other Services: Herdman, John Substance Abuse Services: | Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disord Sliding Fee Scale; Bilingual Services; Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | at - Individual; Adult Non-Residential Services Outpatient - Co-Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Ocsman (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tutpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individence Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Occurring Treatment | Occurring Treatment; Juve on-Residential Services Out occurring Treatment Freatment Assessment (bio outpatient Therapy including arring (402)489-9792 Jon; Adult Non-Residential services Intervention/Economic Non-Residential Services (Non-Residential | nile Assessment patient - Family; -psychosocial); Co- Family Sessions- (402)489-9793 Gervices Outpatient - Services Outpatient - lucation; Juvenile Outpatient - Individual; |
| Juvenile Services: Other Services: Herdman, John Substance Abuse Services: | Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disord Sliding Fee Scale; Bilingual Services; Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | at - Individual; Adult Non-Residential Services Outpatient - Co-Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Odividual; Juvenile Non-Residential Services Outpatient - Co-Oessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tutpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individence of Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile | Occurring Treatment; Juve on-Residential Services Out occurring Treatment Freatment Assessment (bio outpatient Therapy including arring (402)489-9792 Jon; Adult Non-Residential services Intervention/Economic Non-Residential Services (Non-Residential | nile Assessment patient - Family; -psychosocial); Co- Family Sessions- (402)489-9793 Gervices Outpatient - Services Outpatient - Jucation; Juvenile Outpatient - Individual; |
| Juvenile Services: Other Services: Herdman, John Substance Abuse Services: Mental Health Services: | Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Outpatient Therapy; Juvenile Pre-Treatment Asso Occurring Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disord Sliding Fee Scale; Bilingual Services; Parallels Adult Assessment Services Substance Abuse Ev 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 Asso Outpatient Therapy - Individual-Mental Health; Outpatient Therapy | at - Individual; Adult Non-Residential Services Outpatient - Co-Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Odessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tutpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring; Adult Non-Residential Services Intervention/Educatint - Family; Adult Non-Residential Services Outpatient - Individences Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile o-Occurring Treatment essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Assessment: Pre-Treatment Assessment (Medicaid); Assessment (Medicaid | Occurring Treatment; Juve on-Residential Services Out occurring Treatment Treatment Assessment (bio outpatient Therapy including ourring (402)489-9792 ion; Adult Non-Residential sidual; Adult Non-Residential ial Services Intervention/Econon-Residential Services (c); Co-Occurring; Psychological outpatient Therapy including | nile Assessment patient - Family; -psychosocial); Co- Family Sessions- (402)489-9793 Gervices Outpatient - Services Outpatient - lucation; Juvenile Outpatient - Individual; cal Evaluation Family Sessions- |

| Name | Agency | | Address | Phone | Fax |
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| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | t - Individual; Adult I Non-Residential Se | Non-Residential Services Outpatient - Co-Occurr rvices Outpatient - Groups; Juvenile Non-Reside | ing Treatment; Juver ntial Services Outpat | nile Assessment |
| Mental Health Services: | | | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpettal Health | itpatient Therapy ind | cluding Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotne | r, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Mental Health Services: | Adult Assessment Services Substance Abuse Ex- Family; Adult Non-Residential Services Outpatien 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 Therapy-Co-occurring; Assessment: Pre-Treatment | t - Individual; Adult I e Assessment Servic Services Outpatient sidential Services O bio-psychosocial); O utpatient Therapy ind ; Intensive Outpatie | Non-Residential Services Outpatient - Co-Occurrices Substance Abuse Evaluations; Juvenile Non-Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Occurring Co-Occurring Eluding Group Sessions-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Health; I | ing Treatment; Adult Residential Services tpatient - Family; Juv n-Residential Service at Therapy including Intensive Outpatient: | Non-Residential venile Non-Residential es Intensive Family Sessions-Intensive Outpatient |
| | | THE ASSESSITIETT (ME | dicaid), Assessment. Mental Status Exam (MSE) | , Assessment. Co-O | ccurring |
| Other Services: | Sliding Fee Scale; | | | | |
| Jordan, Kelsey | Discovery Counseling, LLC | 3005 19th Street | , Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| 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; Juvenile Non-Residential Services Outpatient - Co. | nt - Family; Adult No ervices Substance A venile Non-Residen | n-Residential Services Outpatient - Individual; A buse Evaluations; Juvenile Non-Residential Sen tial Services Outpatient - Family; Juvenile Non-R | dult Non-Residential vices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | | <u> </u> | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | | | nt Therapy including | Family Sessions- |
| Other Services: | | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| 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; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurre Assessment Services Substance Abuse Evaluations; Juvenile Non-Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ing Treatment; Adult Residential Services patient - Individual; J | Non-Residential |
| 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; Outpatie Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr | | |
| Other Services: | | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpa | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Denile Assessment Services Substance Abuse Evaluations; Juvenile Notentient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - C | dult Non-Residential Dual Residential (MH Non-Residential Serv y; Juvenile Non-Resi | Services Outpatient /SA); Adult ices Care Monitoring dential 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; | | | |
| Konen, Michele | Transition Recovery Center Evaluations | 13302 Millard Ave Suite 104 Omaha NB 68137 | (402)813-3605 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Juvenile Assessment Service | 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 dividual | amily; Adult Non-Re es Intervention/Educ | sidential Services ation; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------|---|---|---|---|--|
| Kovanda, Willow | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 | |
| 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 - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| 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; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; In g | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Lembke, Brenda | | 2170 N Platte Ave Fremont NB 68025 | (402)753-7556 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Adult Non-Residential Services Intensive Outpatient Tridential Services Intervention/Education; Juvenile Non-Residential Senile Non-Residential Services Intensive Outpatient Treatment | eatment; Juvenile A | ssessment Services | |
| Mental Health Services: | | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Lewallen, Lori | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 | |
| 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; Activices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; | |
| | Outpatient Therapy; Pre-Treatment Assessment (| 7, 3 | a Croup Coopiese N | lantal Haalth: | |
| Juvernie Services. | | atient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap | | | |
| Other Services: | - | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| | Agency | Address | Phone | Fax |
|----------------------------|---|---|--|--|
| _ewis, Jackwlyn (| Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| | | nily; Adult Non-Residential Services Outpatient - Individual; Adu Services Outpatient - Family; Juvenile Non-Residential Services | | |
| Mental Health Services: | John Start Co. Cooking Treatment | | | |
| 5 | Non-Treatment: Day Reporting; Outpatient Thera Services: Electronic Monitoring; Non-Treatment: | apy - Individual-Mental Health; Outpatient Therapy - Co-occurri Family Support Worker | ng; Contracted Services: Tra | acker; Contracted |
| Other Services: | | | | |
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | |
| (() | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juvendividual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential S t Services Substance Abuse nile Non-Residential Services | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin | outpatient Therapy including Group Sessions-Mental Health; Oเ g | utpatient Therapy including F | amily 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 Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educatent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment; Juvenile Non-Residential Services Outpatient - Groups; Juvendividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dual; Adult Non-Residential S Services Substance Abuse nile Non-Residential Services | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| Juvenile Services: 0 | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | outpatient Therapy including Group Sessions-Mental Health; Oug; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health Assessment (Medicaid); Assessment: Mental Status Exam | lealth; Intensive Outpatient: I | ntensive Outpatient |
| Other Services: | | | | |
| Osborn, Katlynn (| Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |

Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Family;

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Juvenile Services: Ou Other Services: Slid Osler, Lisa | dutpatient Therapy; Pre-Treatment Assessment (leutpatient Therapy - Individual-Mental Health; Ou liding Fee Scale; dult Assessment Services Substance Abuse Eva | tpatient Therapy inc | uding Family Sessions-Mental Health | (402)881-0445 | |
|---|---|--|---|--|--------------------|
| Other Services: Slic Osler, Lisa Substance Abuse Services: Add Mental Health Services: Juvenile Services: | liding Fee Scale; | 10826 Old Mill Ro | d Suite 103A Omaha NB 68154 | · , , | |
| Osler, Lisa Substance Abuse Services: Adv Mental Health Services: Juvenile Services: | | | | · , , | |
| Substance Abuse Services: Add Mental Health Services: Juvenile Services: | dult Assessment Services Substance Abuse Eva | | | · , , | |
| Mental Health Services: Juvenile Services: | dult Assessment Services Substance Abuse Eva | aluations; Juvenile A | ssessment Services Substance Abuse Evalua | ations | |
| Juvenile Services: | | | | | |
| | | | | | |
| Other Services: | | | | | |
| | | | | | |
| Pelster-Hess, Brooke Blu | lue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| Ser Inte | troups; Adult Non-Residential Services Outpatier ervices Intensive Outpatient Treatment; Juvenile htervention/Education; Juvenile Non-Residential esidential Services Outpatient - Co-Occurring Tr | Assessment Servic Services Outpatient | es Substance Abuse Evaluations; Juvenile No Groups; Juvenile Non-Residential Services | on-Residential Service Outpatient - Individual; | S |
| Mental Health Services: Ou | outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: Ou | utpatient Therapy - Individual-Mental Health; Ou | tpatient Therapy - C | o-occurring; Assessment: Co-Occurring | | |
| Other Services: Slice | liding Fee Scale; | | | | |
| Prince, Reginald Se | erenity Matters | 3610 Dodge St S | uite 105 PO Box 11296 Omaha NB 681 | 11 (402)830-3890 | (402)212-0282 |
| Gro Abı Ser | dult Assessment Services Substance Abuse Eva troups; Adult Non-Residential Services Outpatier buse Evaluations; Juvenile Non-Residential Servervices Outpatient - Family; Juvenile Non-Reside | nt - Family; Adult No vices Intervention/Ec | n-Residential Services Outpatient - Individual; ucation; Juvenile Non-Residential Services C | Juvenile Assessment | Services Substance |
| | outpatient Therapy; Co-Occurring | | | | |
| | on-Treatment: Anger Management Class | | | | |
| Other Services: Slice | liding Fee Scale; | | | | |
| Radtke, Paul | | 2170 N Platte Av | e Fremont NB 68025 | (402)720-7026 | |

Services Outpatient - Individual

Mental Health Services: Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial)

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

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Fruices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Co-Occurrin | amily; Adult Non-Res rvices Intensive Outp on; Juvenile Non-Res utpatient - Family; Ju | idential Services atient Treatment; dential Services venile 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 A | ssessment |
| Other Services: | Sliding Fee Scale; | | | |
| Siemer-Daisley, 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; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residedividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juveni dential Services Outp | le Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio-p | sychosocial); Co- |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier lent: Co-Occurring | nt Therapy - Co-occur | ring; Assessment: |
| Other Services: | , , , , | · · | | |
| Smith, Kaitlyn | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)677-7442 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | | lult Non-Residential Sices Intervention/Edu | Services Outpatient - cation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Co-Occurring | t Therapy including F | amily Sessions- |
| Other Services: | | | | |

Mental Health Services: Juvenile Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Reo-Occurring Treatment | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio- | psychosocial); Co- |
| 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; Assessr | y - Co-occurring; Int | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Thomalla, Eric | Blue Valley Behavioral Health | 543 N Linden St PO Box 5 Wahoo NB 68066 | (402)228-3386 | (402)228-2004 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult Nonce Abuse Evaluations; Juvenile Non-Residential Services Outpatient | | |
| Mental Health Services: | | | | |
| 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; | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | 137 | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therany - Co-occu | ırrina: Intensive |
| | Outpatient: Intensive Outpatient Therapy-Mental I Assessment (Medicaid); Assessment: Mental Sta | Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurri | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Adulient - Co-Occurring Treatment; Juvenile Assessment Services Substanile Non-Residential Services Outpatient - Co-Occurring Treatment | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center: Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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|--|--|--|--|--|
| Name | Agency | Address | Phone | Fax |
| Other Services: | | | | |
| Vitera, Brianna | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; 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 | rring Treatment; Juve sidential Services Ou | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | Co-Occurring; Non-Treatment: Intensive Family F | Preservation | | |
| Carier Gervices. | | | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| Substance Abuse Services: 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 | 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 suvenile Non-Residential Services Outpatient - Family; Juvenile Non- to-Occurring Treatment | Adult Non-Residentia rvices Intervention/Ed | Services Outpatient - ducation; Juvenile |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |
| Williams, Ann | Ann's Couch | 4004 N. 91st Street 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 Subse 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; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpation ent: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)370-3140 | |

Substance Abuse Services: Adult Emergency Services Social Detox; Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name Agency Address Phor | Fax |
|--------------------------|-----|
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Mental Health Services:

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 - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Baker, Guadalupe | Alcohol and Drug Addiction | 3321 Ave I Suite C Scottsbluff NB 69361 | (308)631-1709 | (308)635-7412 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpential Services Outpatient - Individual | venile Assessment S | Services Substance |
| Mental Health Services: | • | • | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Borges, Davina | | 202 Maple St Chadron NB 69337 | (605)673-7822 | |
| 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 Treatme | ng Treatment; Juver itial Services Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | tpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | | and the control of th | | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indivi | ation; Adult Non-Residential Services Outpatient - Groups; Adult Non dual; Juvenile Non-Residential Services Intervention/Education; Juvetitent - Family; Juvenile Non-Residential Services Outpatient - Individual | nile Non-Residentia | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: E | Evening Reporting; Outpatient Therapy - Individual-Mental Health; Co | mmunity Treatment | Aide |
| Other 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/Ed Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Seducation; Juvenile Non-Residential Services Care Monitoring SA/MH; prvices Outpatient - Family; Juvenile Non-Residential Services Outpativenile Non-Residential Services Outpativenile Non-Residential Services Intensive Outpatient Treatment | amily; Adult Non-Re rvices Intensive Out Juvenile Non-Resid | sidential Services patient Treatment; ential Services |

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive

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

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|---------------------|
| | Outpatient: Intensive Outpatient Therapy-Co-occu | urring; Assessment: Co-Occurring | | |
| 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; Adul ervices Outpatient - Family; Juvenile Non-Residential Services | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Ou | tpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Cooper, Penny | Cirrus House Inc | 29 S Beltline Highway Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education | | |
| | | nce Abuse Evaluations; Juvenile Non-Residential Services Inte | rvention/Education; Juven | ile Non-Residential |
| Mental Health Services: | Services Outpatient - Individual | nce Aduse Evaluations; Juvenile Non-Residential Services Inte | rvention/Education; Juven | ile Non-Residential |
| Mental Health Services: Juvenile Services: | | nce Aduse Evaluations; Juvenile Non-Residential Services Inte | rvention/Education; Juven | ile Non-Residential |
| | Services Outpatient - Individual | nce Aduse Evaluations; Juvenile Non-Residential Services Inte | rvention/Education; Juven | ile Non-Residential |
| Juvenile Services: | Services Outpatient - Individual | 515 Elm St Bayard NB 69334 | rvention/Education; Juven | ile Non-Residential |
| Juvenile Services: Other Services: Cooper, Penny | Services Outpatient - Individual | 515 Elm St Bayard NB 69334 aluations; Adult Non-Residential Services Outpatient - Individua | (308)631-5523 | |
| Juvenile Services: Other Services: Cooper, Penny | Services Outpatient - Individual Adult Assessment Services Substance Abuse Eva | 515 Elm St Bayard NB 69334 aluations; Adult Non-Residential Services Outpatient - Individua | (308)631-5523 | |
| Juvenile Services: Other Services: Cooper, Penny Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations Services Substance Abuse Services Substance Services Services Services Substance Services | 515 Elm St Bayard NB 69334 aluations; Adult Non-Residential Services Outpatient - Individua | (308)631-5523 | |
| Juvenile Services: Other Services: Cooper, Penny Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations Services Substance Abuse Services Substance Services Services Services Substance Services | 515 Elm St Bayard NB 69334 aluations; Adult Non-Residential Services Outpatient - Individua | (308)631-5523 | |
| Juvenile Services: Other Services: Cooper, Penny Substance Abuse Services: Mental Health Services: Juvenile Services: | Services Outpatient - Individual Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations Substance Abuse Evaluations Substance Abuse Evaluations Substance Abuse | 515 Elm St Bayard NB 69334 aluations; Adult Non-Residential Services Outpatient - Individua | (308)631-5523 | |
| Juvenile Services: Other Services: Cooper, Penny Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Impaired; Valley Youth Connections | 515 Elm St Bayard NB 69334 aluations; Adult Non-Residential Services Outpatient - Individual vices Outpatient - Individual 29 S Beltline HWY W Scottsbluff NB 69361 Evaluations; Juvenile Non-Residential Services Outpatient - Gr | (308)631-5523 al; Juvenile Assessment S (308)631-5523 | ervices Substance |
| Juvenile Services: Other Services: Cooper, Penny Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Eva Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse University Provided Pro | 515 Elm St Bayard NB 69334 aluations; Adult Non-Residential Services Outpatient - Individual vices Outpatient - Individual 29 S Beltline HWY W Scottsbluff NB 69361 Evaluations; Juvenile Non-Residential Services Outpatient - Gr | (308)631-5523 al; Juvenile Assessment S (308)631-5523 | ervices Substance |
| Juvenile Services: Other Services: Cooper, Penny Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Cooper, Penny Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse University Provided Pro | 515 Elm St Bayard NB 69334 aluations; Adult Non-Residential Services Outpatient - Individual vices Outpatient - Individual 29 S Beltline HWY W Scottsbluff NB 69361 Evaluations; Juvenile Non-Residential Services Outpatient - Gr | (308)631-5523 al; Juvenile Assessment S (308)631-5523 | ervices Substance |

Occurring

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|------------------------|----------------------|
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Annt - Individual; Juvenile Assessment Services Substance Abuse Ex Services Outpatient - Groups; Juvenile Non-Residential Services O | aluations; Juvenile No | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| | Therapy - Co-occurring; Assessment: Pre-Treatm | utpatient Therapy including Group Sessions-Mental Health; Outpati nent Assessment (Medicaid); Assessment: Co-Occurring | ent Therapy - Eating I | Disorder; Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | | 120 E 16th St Suite C Scottsbluff NB 69361 | (308)225-0500 | |
| | Abuse Evaluations; Juvenile Non-Residential Ser | | uvenile Assessment S | Services Substance |
| | Outpatient Therapy; Pre-Treatment Assessment (| • | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Assessment: Pre-Treatment Assessment (Medicaid); Assessmer | | Family Sessions- |
| | Sliding Fee Scale; | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | Community Action Partnership of Western Nebraska | 975 Crescent Drive Gering NB 69341 | (308)632-2540 | (308)633-9226 |
| | Juvenile Assessment Services Substance Abuse Outpatient - Individual | Evaluations; Juvenile Non-Residential Services Outpatient - Famil | y; Juvenile Non-Resid | ential Services |
| Mental Health Services: | | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati] | ent Therapy including | Family Sessions- |
| Other Services: | | | | |
| Eckland, Julie | | PO Box 1603 Scottsbluff NB 69363 | (308)225-4780 | (308)217-4277 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | raluations; Juvenile Assessment Services Substance Abuse Evalua | tions | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| | Individual; Adult Non-Residential Services Outpat | raluations; Adult Non-Residential Services Intervention/Education; Attient - Co-Occurring Treatment; Juvenile Assessment Services Subenile Non-Residential Services Outpatient - Individual; Juvenile Nor | stance Abuse Evalua | tions; Juvenile Non- |

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

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|-------------------------|---------------------|
| 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: | 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 | raluations; Juvenile Assessment Services Substance Abuse Evalu | ations | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Associations | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Trea | atment 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: | | | | |
| Garcia, Karri | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1365 | (308)635-7880 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Ad ince Abuse Evaluations; Juvenile Non-Residential Services Outpa | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gonzalez, Olivia | Community Action Partnership of Western Nebraska | 3350 10th Street Gering NB 69341 | (308)635-3089 | (308)635-0264 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Individual; rices Substance Abuse Evaluations; Juvenile Non-Residential Ser | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hajek, Marilyn | Destiny Counseling Services | 1023 10th Ave Sidney NB 69162 | (308)254-0737 | |
| Cubatanaa Abusa Camisaasi | Adult Assessment Services Substance Abuse Ev | raluations; Adult Non-Residential Services Outpatient - Groups; Ad | dult Non-Residential Se | nuises Outpotiont |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | nt - Individual; Adult Non-Residential Services Intensive Outpatien sidential Services Outpatient - Groups; Juvenile Non-Residential S | t Treatment; Juvenile A | ssessment Services |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatier Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual | nt - Individual; Adult Non-Residential Services Intensive Outpatien | t Treatment; Juvenile A | ssessment Services |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| | Name | Agency | Address | Phone | Fax |
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Cirrus House Inc Hall, Anthony

1509 1st Ave Scottsbluff NB 69361

(308)635-1488

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 - Individual: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual

Mental Health Services: Juvenile Services:

Other Services: Sliding Fee Scale;

Hood, Colleen **Human Services Inc** 419 West 25th St. Alliance NB 69301

(308)762-7177

(308)762-6121

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Residential Services Short Term Residential

Mental Health Services: Juvenile Services:

Other Services: Sliding Fee Scale;

Johnson, Jill Bryan Independence Center 1640 Lake St. Lincoln NB 68501

(402)481-5392

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA): Adult Residential Services Short Term Residential: 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: Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

Mental Health Services: Juvenile Services:

Other Services: Bilingual Services;

Koch, Lori Stephen Center 5217 S 28th St Omaha NB 68107

(402)715-5459

(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 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 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-

Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| | Occurring Treatment; Juvenile Non-Residential S | · | | |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | 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 | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpation lent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | | | | |
| Long, Theresa | Waves Counseling | 315 Main St Chadron NB 69337 | (308)430-4095 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Mo | tient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Oc | | ental Health; |
| Other Services: | Sliding Fee Scale; | | | |
| Massey, Dallas | | 1821 First Ave Ste 2 Scottsbluff NB 69361 | (308)632-8236 | (308)635-3084 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual; Jurvices Outpatient - Individual | 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: | | | | |
| Matilainen, Rodney | Community Action Partnership of Western Nebraska | 3350 10th Street Gering NB 69341 | (308)632-2540 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Intensive Outpatient T | | |
| Mental Health Services: | • | | | |
| | | | | |

Other Services: Sliding Fee Scale; Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| McManigal, Cory | Community Action Partnership of Western Nebraska | 975 Crescent Drive Gering NB 69341 | (308)633-5766 | (308)633-2650 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Advices Substance Abuse Evaluations; Juvenile Non-Residential Services e Non-Residential Services Outpatient - Individual | dult Non-Residential | Services Intensive |
| Mental Health Services: | • | · | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Moreno, Evelina | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - In | ndividual; Juvenile Non-Residential Services Intensive Outpatient Trea | atment | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Moreno, Evelina | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)220-3291 | (308)635-7880 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Adent - Individual; Juvenile Assessment Services Substance Abuse Eval Services Outpatient - Groups; Juvenile Non-Residential Services Ou | uations; Juvenile No | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Palomo, Daniel | Life Counseling and Wellness Center | 1516 21st Ave Scottsbluff NB 69361 | (308)631-9357 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance ale Non-Residential Services Outpatient - Individual; Juvenile Non-Res | Abuse Evaluations; | Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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; Adulervices Substance Abuse Evaluations; Juvenile Non-Residential Servicestment | | |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio- | psychosocial); Co- |
| Juvenile Services: | Management Class; Non-Treatment: General Ed Mental Health; Outpatient Therapy including Fam | ment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Ever ucation Class; Outpatient Therapy - Individual-Mental Health; Outpatie nily Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensient Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ent Therapy including sive Outpatient: Inter | g Group Sessions- nsive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Rodriguez, Juanita | ACCS Inc | 1917 Avenue A Scottsbluff NB 69361 | (308)633-1390 | (308)633-1393 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual | venile Assessment S | Services Substance |
| Mental Health Services: | Convictor Carpanette Farmy, Carefule (Vol. 1808) | ioniai corrido capatoni marriada | | |
| Juvenile Services: | Non-Treatment: General Education Class; Non-T | reatment: Family Partner; Contracted Services: Electronic Monitoring | | |
| 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 Outpa | raluations; 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 Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier lent: Mental Status Exam (MSE); Assessment: Co-Occurring | t Therapy - Co-occu | ırring; Assessment: |
| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 Ale Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluatien | Abuse Evaluations; J | uvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | t Therapy including nt: Intensive Outpati | Family Sessions- ent Therapy-Youth |

Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---------------------------------------|
| Other Services: | Sliding Fee Scale; | | | |
| Vallejo, Kathy | Kathy Vallejo | 615 S. Beltline Hwy West Suite 2 Scottsbluff NB 69361 | (308)672-6587 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nce Abuse Evaluations; Juvenile Non-Residential Services Interventi | | |
| Mental Health Services: | Octivides Outpatient Individual | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Vallejo, Kathy | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)633-2779 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Substance Abuse Evaluations; Juvenile Non-Res | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Intensive Outpatient Tr idential Services Outpatient - Groups; Juvenile Non-Residential Serv nile Non-Residential Services Intensive Outpatient Treatment | eatment; Juvenile Ass | essment Services |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Walgren, Sarah | | 115 Railway St Scottsbluff NB 69361 | (308)635-2800 | |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non- ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | |
| Mental Health Services: | Corridor Carpanoin Co Coodining Froating | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Assessment: Pre-Treatment Asses | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid) | nt Therapy including Fa | amily Sessions- |
| Other Services: | 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 | | dult Non-Residential S vices Intervention/Educ | ervices Outpatient - cation; Juvenile |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | , noossanone oo oodaning | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual;

| Name | Agency | Address | Phone | Fax |
|--|--|---|---|---|
| Bonebright, Lori | Recovery Center | 3200 O St Ste 5 Lincoln NB 68510 | (402)742-9616 | (402)742-9116 |
| 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-Residentient Treatment | dult Non-Residential es Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | Evening Reporting | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carville, Misty | Infinite Change Family Therapy Center LLC | 245 S 84th St, Suite L101 Lincoln NB 68510 | (402)310-7867 | (833)587-9383 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential vices Intervention/Ed | Services Outpatien ucation; Juvenile |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Juvenile Assessment amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ing Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| 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 | 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 | dult Non-Residential | Services Outpatient |

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | | Address | Phone | Fax |
|---------------------------|---|---|---|--|---|
| 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 - Co-occurring | g; Assessment: Pre-1 | cluding Group Sessions-Mental Health; Outpatier Freatment Assessment (Medicaid); Assessment: | nt Therapy including l Mental Status Exam | Family Sessions- (MSE); Assessment: |
| Other Services: | Psychological Evaluation; Assessment: Co-Occur | rring | | | |
| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev- Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | nt - Individual; Adult I Non-Residential Se | Non-Residential Services Outpatient - Co-Occurr rvices Outpatient - Groups; Juvenile Non-Resider | ing Treatment; Juver ntial Services Outpat | nile Assessment |
| Mental Health Services: | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpetted Health | utpatient Therapy ind | cluding Group Sessions-Mental Health; Outpatier | t Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotne | r, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Reoutpatient Treatment | nt - Individual; Adult I e Assessment Servic Services Outpatient esidential Services O | Non-Residential Services Outpatient - Co-Occurr ces Substance Abuse Evaluations; Juvenile Non- - Groups; Juvenile Non-Residential Services Ou utpatient - Co-Occurring Treatment; Juvenile Non | ing Treatment; Adult Residential Services tpatient - Family; Juv | Non-Residential renile Non-Residential |
| | Outpatient Therapy; Pre-Treatment Assessment (| ` ' ' | 3 | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatme | g; Intensive Outpatie | nt: Intensive Outpatient Therapy-Mental Health; I | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | | |
| Jordan, Kelsey | Discovery Counseling, LLC | 3005 19th Street | , Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| 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; Juvenile Non-Residential Services Outpatient - Co. | nt - Family; Adult No ervices Substance A ıvenile Non-Residen | n-Residential Services Outpatient - Individual; Adbuse Evaluations; Juvenile Non-Residential Sential Services Outpatient - Family; Juvenile Non-R | dult Non-Residential rices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | · | - | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Commissions Therapy | | cluding Group Sessions-Mental Health; Outpatier | t Therapy including I | Family Sessions- |

Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring

| amily; Adult Non-Residential Services Outpatient | 122 S 4th St Seward NB 68434 aluations; Adult Non-Residential Services Intervention/Education; Adu | (402)641-2095 | |
|---|--|--|--|
| amily; Adult Non-Residential Services Outpatient | aluations: Adult Non-Residential Services Intervention/Education: Adu | | |
| ntervention/Education; Juvenile Non-Residential | t - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Assessment Services Substance Abuse Evaluations; Juvenile Non-Fervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment | ng Treatment; Adult Residential Services patient - Individual; . | Non-Residential |
| | ssment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio | -psychosocial); Co- |
| Outpatient Therapy - Individual-Mental Health; Ou | | | |
| | | | |
| Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juve GA/MH; Juvenile Non-Residential Services Outpa | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Intensive Outpatient Treatment; Adult Residential Services De enile Assessment Services Substance Abuse Evaluations; Juvenile N tient - Groups; Juvenile Non-Residential Services Outpatient - Family | lult Non-Residential ual Residential (MH on-Residential Serv ; Juvenile Non-Resi | Services Outpatient - /SA); Adult ices Care Monitoring dential Services |
| Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring | | |
| Outpatient Therapy - Co-occurring; Intensive Outp | patient: Intensive Outpatient Therapy-Co-occurring | | |
| liding Fee Scale; | | | |
| Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Ion-Residential Services Intervention/Education; uvenile Non-Residential Services Outpatient - Index dervices Intensive Outpatient Treatment | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices 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 Servic | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| | | a Group Sessions-N | Aental Health: |
| | | | |
| Start | courring; Adults who Sexually Harm Evaluation utpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental Health assessment Services Substance Abuse Evaroups; Adult Non-Residential Services Outpatier o-Occurring Treatment; Adult Non-Residential; Juve A/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient therapy; Pre-Treatment Assessment (utpatient Therapy; Pre-Treatment Assessment (utpatient Therapy - Co-occurring; Intensive Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy - Residential Services Outpatient O-Occurring Treatment; Adult Non-Residential Services Outpatient O-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Invenile Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment Utpatient Therapy; Pre-Treatment Assessment (Intensive Outpatient Treatment Intensive Outpatient Treatm | ccurring; Adults who Sexually Harm Evaluation utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatien utpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurri tephen Center 5217 S 28th St Omaha NB 68107 dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Care Monitoring SA/MH; Acroups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Ado-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Desidential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Na/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential threapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring iding Fee Scale; Juve Valley Behavioral Health 3901 Normal Blvd #201 Lincoln NB 68506 Jult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Ado-o-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Ado-o-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 - Co-Occurring Partices Intensive Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Partices Intensive Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Partices Intensive Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Partices Intensive Outpatient - Groups; Juvenile Non-Residential | utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurupatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Co-occurring Co-occurring; Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential roups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Co-occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Dual Residential (MH esidential Services Nort Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intensive Pre-Treatment Assessment (bio-psychosocial); Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring dutpatient Plantal Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient - Groups; Juvenile Non-Residential Services Substance Abuse on-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Individual; Juvenile Non-Residential Se |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> 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; Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|------------------------|-----------------------|
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adınt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Juvenile Assessment Servic | dult Non-Residential S | Services Outpatient - |

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

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

Other Services: Sliding Fee Scale;

268 N. 115th Street, Ste 1 Omaha NB 68154 Mertes, Courtney (402)590-8766 (402)838-7248

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential Services Intensive Outpatient Treatment

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

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; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring: Assessment: Pre-Treatment Assessment (Medicaid): Assessment: Mental Status Exam (MSE): Assessment: Co-Occurring

Other Services:

128 N 6th Seward NB 68434 (402)646-0103 (402)646-2240 Metschke, Amy

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: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Intervention/Education: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Individual

Mental Health Services:

Juvenile Services: Non-Treatment: General Education Class

Other Services:

| Name | Agency | Address | Phone | Fax |
|---|--|--|---|---|
| Pawlowski, Kristi | New Hope Counseling LLC | 8101 O St Suite 300 Lincoln NB 68510 | (402)405-7922 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | valuations; Adult Non-Residential Services Outpatient - Individual; Jur | venile Assessment S | ervices Substance |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | • | | |
| Juvenile Services: | | ttient Therapy - Individual-Mental Health; Outpatient Therapy includin spatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpa | | |
| Other Services: | | | | |
| Vandenberg, Laura | Blue Valley Behavioral Health | 3901 Normal Blvd. Suite 201 Lincoln NB 68506 | (402)643-3343 | (402)643-4048 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Jrvices Intervention/Education; Juvenile Non-Residential Services Outdential Services Outdential Services Outdential Services Outdential Services Outpatient - Individual | uvenile Assessment | Services Substance |
| Mental Health Services: | , , , , | · | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | raluations; Adult Non-Residential Services Intervention/Education; Actient - Co-Occurring Treatment; Juvenile Assessment Services Subsenile Non-Residential Services Outpatient - Co-Occurring Treatment | | |
| Mental Health Services: | , , , , , , , , , , , , , , , , , , , | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Astronomeror Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Family; Juvenile Non-Fam | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | Juvernie non-Residential Services Outbattent - C | 0-Occurring realinem | | |
| Mental Health Services: | | o-occurring freatment | | |
| Mental Health Services: Juvenile Services: | | o-occurring freatment | | |

| 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 | · · · · · · · · · · · · · · · · · · · | idual; Adult Non-Residential tial Services Intervention/Ed | Services Outpatient - ducation; Juvenile | |
| | 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; | | | | |
| Williams, Ann | Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar | raluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N | s 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; Or Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; C lent: Co-Occurring | Outpatient Therapy - Co-occ | urring; Assessment: | |
| Other Services: | | | | | |

Mental Health Services: Juvenile Services: Other Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---------------------------------------|
| Borges, Davina | | 202 Maple St Chadron NB 69337 | (605)673-7822 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Ont - Individual; Adult Non-Residential Services Outpatier • Non-Residential Services Outpatient - Groups; Juvenile Juvenile Non-Residential Services Outpatient - Co-Occ | nt - Co-Occurring Treatment; Juver e Non-Residential Services Outpat | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Header: Outpatient Therapy - Co-occurring: Assessment: C | | Family Sessions- |
| Other Services: | 3 | 3 , | · · · · · · · · · · · · · · · · · · · | |
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Ju | es Outpatient - Groups; Adult Non-Residential Services rvices Outpatient - Co-Occurring Treatment; Adult Non-ducation; Juvenile Non-Residential Services Care Moniervices Outpatient - Family; Juvenile Non-Residential Seuvenile Non-Residential Services Intensive Outpatient T | Residential Services Intensive Out toring SA/MH; Juvenile Non-Resid ervices Outpatient - Individual; Juv | patient Treatment; ential Services |
| | Outpatient Therapy; Pre-Treatment Assessment | , , , | | |
| | Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Heag; Intensive Outpatient: Intensive Outpatient Therapy-Mag | | |
| 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 - Individu Services Outpatient - Family; Juvenile Non-Residential S | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | Co-Occurring | utpatient Therapy including Family Sessions-Mental He | alth; Outpatient Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |

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| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | lult Non-Residential les Partial Care; Adu Substance Abuse E n-Residential Service g Treatment; Juvenil | Services Outpatient - ult Residential valuations; Juvenile es Outpatient - Family; le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Long, Theresa | Waves Counseling | 315 Main St Chadron NB 69337 | (308)430-4095 | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment So | | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Juvenile Services: | | ient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Assessment; Co-Occ | | ental Health; |
| Other Services: | Sliding Fee Scale; | | ·-·····g | |
| 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: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio- | -psychosocial); Co- |
| | Management Class; Non-Treatment: General Edu Mental Health; Outpatient Therapy including Fam Therapy-Mental Health; Assessment: Pre-Treatm Treatment: Family Support Worker | ment: Tutoring; Non-Treatment: Day Reporting; Non-Treatment: Even location Class; Outpatient Therapy - Individual-Mental Health; Outpatie ily Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intense ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ent Therapy includin sive Outpatient: Inte | g Group Sessions- nsive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|--|--|---|---|--|
| Rodriguez, Juanita | ACCS Inc | 1917 Avenue A Scottsbluff NB 69361 | (308)633-1390 | (308)633-1393 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Educar ent - Family; Adult Non-Residential Services Outpatient - Indivirvices Intervention/Education; Juvenile Non-Residential Servicedential Services Outpatient - Individual | idual; Juvenile Assessment | Services Substance |
| Mental Health Services: | , | · | | |
| Juvenile Services: | Non-Treatment: General Education Class; Non- | Freatment: Family Partner; Contracted Services: Electronic Mo | onitoring | |
| 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 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 | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | outpatient Therapy including Family Sessions-Mental Health; Cenent: Mental Status Exam (MSE); Assessment: Co-Occurring | Outpatient Therapy - Co-occu | urring; Assessment: |
| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juven | valuations; Adult Non-Residential Services Outpatient - Groupsive Outpatient Treatment; Juvenile Assessment Services Subile Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm | stance Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Youth Who | Outpatient Therapy including Group Sessions-Mental Health; O Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient (Medicaid); Assessment: Mental Status Exam (| utpatient Therapy including Outpatient: Intensive Outpat | Family Sessions- ient Therapy-Youth |

Juvenile Services:

Other Services: Bilingual Services;

| 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; Adult N tient - Co-Occurring Treatment; Juvenile Assessment Services Substa e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on | |
| 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-occu | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Cubstance Abase Colvices. | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Servicential Services Short Term Residential; Juvenile Assessment Services, Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | dult Non-Residential ces Partial Care; Adu Substance Abuse E n-Residential Service g Treatment; Juvenil | Services Outpatient - ult Residential valuations; Juvenile es Outpatient - Family; le Non-Residential |
| Mental Health Services: | | | | |
| | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 2002 Central Ave Kearney NB 68847-4473 | (308)708-9379 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adus Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services On Inle Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring T | amily; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re utpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment (| 3 | | |
| | Mental Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Riley, Suzanne | Suzanne Riley Counseling LLC | 1917 W Faidley Ave Grand Island NB 68803 | (308)398-0350 | (308)398-0351 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abusen-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intent Assessment (Medicaid); Out-Of-Home: Foster Care (Relative/Kins | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 Ale Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on; Psychological E | valuation |
| | 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); Assessment; Assessment; Co-Occurring | nt: Intensive Outpat | ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| Stoll, Miranda | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)870-2630 | |
| 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 Services Outpatient - Family; Juvenile Non-o-Occurring Treatment | Adult Non-Residential S rvices Intervention/Edu | Services Outpatient - cation; Juvenile |
| Mental Health Services: | • | • | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including F | amily 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/MF Family; Juvenile Non-Residential Services Outpar | | Adult Non-Residential S rvices Intervention/Edu Non-Residential Service | Services Outpatient - cation; Juvenile |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co- | Occurring | |
| | | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |

Co-Occurring

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|--|
| Baker, Guadalupe | Alcohol and Drug Addiction | 3321 Ave I Suite C Scottsbluff NB 69361 | (308)631-1709 | (308)635-7412 |
| 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; Juvices Intervention/Education; Juvenile Non-Residential Services Outplential Services Outpatient - Individual | venile Assessment | Services Substance |
| Mental Health Services: | Solviose Suspanone Turniy, Suverine Herri Resid | ioniai corricce carpationi marriada | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Borges, Davina | | 202 Maple St Chadron NB 69337 | (605)673-7822 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juver ntial Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| Other Services: | Montal Floatin, Calpation Thorapy Lating Bloom | asi, capation morapy to cocuring, necessions to cocuring | | |
| 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 Se | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Treatment | Family; Adult Non-Re ervices Intensive Out ; Juvenile Non-Resic | sidential Services patient Treatment; lential Services |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurrin | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I g | nt Therapy including intensive Outpatient: | Family Sessions- Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | 9 | | |
| 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 Outpa | | |
| 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; Outpatie | nt Therapy - Co-occu | ırring; Assessment: |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Mental Health Services: Juvenile Services: Other Services: Hear Cooper, Penny Cirru Substance Abuse Services: Adul | It Assessment Services Substance asse Evaluations; Juvenile Non-Resid | 515 Elm St Bayard NB 69334 Abuse Evaluations; Adult Non-Residential Services Outpatient - Indiential Services Outpatient - Individual | (308)631-5523 ividual; Juvenile Assessment Services | Substance |
|---|---|--|--|--------------|
| Substance Abuse Services: Adul Abus Mental Health Services: Juvenile Services: Other Services: Hear Cooper, Penny Cirru Substance Abuse Services: Adul | se Evaluations; Juvenile Non-Resid ring Impaired; | Abuse Evaluations; Adult Non-Residential Services Outpatient - Indi lential Services Outpatient - Individual | • • • | Substance |
| Mental Health Services: Juvenile Services: Other Services: Hear Cooper, Penny Cirru Substance Abuse Services: Adul | se Evaluations; Juvenile Non-Resid ring Impaired; | lential Services Outpatient - Individual | vidual; Juvenile Assessment Services | Substance |
| Mental Health Services: Juvenile Services: Other Services: Hear Cooper, Penny Cirru Substance Abuse Services: Adul | ring Impaired; | | | |
| Other Services: Hear Cooper, Penny Cirru Substance Abuse Services: Adul | | 20 S Politing Highway Scottabluff NP 60264 | | |
| Cooper, Penny Cirru Substance Abuse Services: Adul | | 20 S Politing Highway Scottabluff ND 60264 | | |
| Substance Abuse Services: Adult | us House Inc | 20 S Politing Highway Scottshluff NP 60261 | | |
| | | 29 S Beltline Highway Scottsbluff NB 69361 | (308)635-1488 | |
| | | Abuse Evaluations; Adult Non-Residential Services Intervention/Edues Substance Abuse Evaluations; Juvenile Non-Residential Services | • | |
| Crouch, Samuel Cirro | us House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Grou | ups; Adult Non-Residential Services | Abuse Evaluations; Adult Non-Residential Services Intervention/Edus Outpatient - Individual; Juvenile Assessment Services Substance Aesidential Services Outpatient - Groups; Juvenile Non-Residential S | Abuse Evaluations; Juvenile Non-Resid | |
| Mental Health Services: Outp | patient Therapy; Pre-Treatment Ass | essment (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Outr | | Health; Outpatient Therapy including Group Sessions-Mental Health | ; Outpatient Therapy - Eating Disorder | ; Outpatient |
| | , | ,, | | |
| | ng Fee Scale; | | | |

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: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

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

Other Services: Sliding Fee Scale;

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Mental Health Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---|---|--|----------------------|---------------------|
| Eckland, Julie | | PO Box 1603 Scottsbluff NB 69363 | (308)225-4780 | (308)217-4277 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluatio | ns | |
| 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; Aditient - Co-Occurring Treatment; Juvenile Assessment Services Substantial Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Indiv | ance Abuse Evaluati | ons; Juvenile Non- |
| | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | it Therapy - Co-occu | irring; Assessment: |
| | Simility i ee Scale, | | | |
| Estrada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| | | aluations; Juvenile Assessment Services Substance Abuse Evaluatio | | novehooosial). Co |
| Mental Health Services: | Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | ent Assessment (bio- | -psychosocial); Co- |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | | | | |
| Garcia, Karri | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1365 | (308)635-7880 |
| | | aluations; Adult Non-Residential Services Outpatient - Family; Adult N nce Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| Mental Health Services: Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |
| | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (200)625 1400 | |
| Hall, Anthony | | | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Juvenile Assessment Services Substance Abuse Evaluservices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient | uations; Juvenile No | |

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Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

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

Johnson, Jill Bryan Independence Center 1640 Lake St. Lincoln NB 68501

(402)481-5392

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Intervention/Education: Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

Mental Health Services: Juvenile Services:

Other Services: Bilingual Services;

Long, Theresa Waves Counseling 315 Main St Chadron NB 69337

(308)430-4095

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; 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; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

Juvenile Services: Non-Treatment: General Education Class; 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:

Raney, Sandra Open Door 1870 9th St Gering NB 69341

(308)225-4335

(308)633-2020

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; 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 - 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); Co-

Juvenile Services: Non-Treatment: Supervised Visitation: Non-Treatment: Tutoring: Non-Treatment: Day Reporting: Non-Treatment: Evening Reporting: Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Non-

Treatment: Family Support Worker

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|---|----------------------------|--------------------|--|--|
| Rodriguez, Juanita | ACCS Inc | 1917 Avenue A Scottsbluff NB 69361 | (308)633-1390 | (308)633-1393 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpat Abuse Evaluations; Juvenile Non-Residential S | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient oups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance use 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 | | | | |
| Mental Health Services: | • | · | | | | |
| Juvenile Services: | Non-Treatment: General Education Class; Non- | -Treatment: Family Partner; Contracted Services: Electronic Mon | itoring | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | | |
| | Individual; Adult Non-Residential Services Inter Residential Services Outpatient - Groups; Juven | Evaluations; Adult Non-Residential Services Outpatient - Groups; nsive Outpatient Treatment; Juvenile Assessment Services Substi nile Non-Residential Services Outpatient - Individual nt (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E | ance Abuse Evaluations; J | luvenile Non- | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatme | 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-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; | Ç | | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpat | Evaluations; Adult Non-Residential Services Intervention/Educatio iient - Family; Adult Non-Residential Services Outpatient - Individ ervices Intervention/Education; Juvenile Non-Residential Service | ual; Juvenile Assessment S | Services Substance | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medi | icaid); Non-Treatment: Family Support Worker | | | | |
| | | | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|-------------------------|---|--|--|---|
| Armstrong, Melissa | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Residential Service Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In Services Short Term Residential | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A ces Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Groups; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential e Abuse Evaluations sidential Services Ou | Services Outpatient - ; Juvenile Non- utpatient - Family; |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | ırring |
| 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 Services (Augustier Services Intensive Outpatient Treatment; Adult Reseasement Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Resoutpatient Treatment | sessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occurresidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juvervices Outpatient - Groups; Juvenile Non-Residential Services Outpatisidential Services Outpatient - Co-Occurring Treatment; Juvenile No | on-Residential Servic ing Treatment; Adult ices Short Term Res nile Non-Residential ient - Family; Juvenil | ces Outpatient - Non-Residential idential; Juvenile Services Care e 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 includi ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess | oy - Co-occurring; Int | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Bowens Kissi Afare, | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| | 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 dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential ces Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Int | tensive Outpatient: Intensive Outpatient Therapy-Mental Health; Non | -Treatment: Family S | Support Worker |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment; Juvenile Assessment Services | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ices Substance Abuse Evaluations; Juvenile Non-Residential Services e Non-Residential Services Outpatient - Family; Juvenile Non-Residen atient Treatment | ult Non-Residential S s Intervention/Educat | Services Intensive ion; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Juvenile Assessment Services Substance Abuse Evalua Services Outpatient - Family; Juvenile Non-Residential Services Outp | ations; Juvenile Non- | • |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | Bilingual Services; | | | |
| Carmichael, Kirk | Carmichael Counseling | 214 N 7th Suite 11 Norfolk NB 68701 | (402)750-1222 | (402)644-1987 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult N t - Individual; Adult Non-Residential Services Outpatient - Co-Occurrir Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juveni tial Services Outpatie | le Assessment |
| 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; Outpatien | t Therapy - Co-occur | ring; Assessment: |
| Other Services: | Cooccaning | | | |
| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Ro Juvenile Non-Residential Services Outpatient - Gr | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Short Term Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Family; Juvenile patient - Co-Occurring Treatment; Juvenile Non-Residential Services | ng Treatment; Adult N vices Substance Abu e Non-Residential Se | Non-Residential se Evaluations; ervices Outpatient - |

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

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

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|---|---|---------------------------------------|
| Other Services: | Sessions-Mental Health; Outpatient Therapy - Ea Sliding Fee Scale; | ting Disorder; Outpatient Therapy - Co-occurring | | |
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Not - Individual; Adult Non-Residential Services Outpatient - Co-Occurrin Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatme | ng Treatment; Juver tial Services Outpat | nile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatient der; Outpatient Therapy - Co-occurring; Assessment: Psychological E | | |
| Other Services: | | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| | Occurring Treatment; Juvenile Non-Residential S Services Outpatient - Co-Occurring Treatment | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non-Fervices Outpatient - Family; Juvenile Non-Residential Services Outpat | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial) | | |
| Juvenile Services: Other Services: | Non-Treatment: Family Support Worker | | | |
| Other Services. | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Re | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 | | lult Non-Residential S buse Evaluations; Juv | ervices Intensive enile Non- |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adservices Intensive Outpatient Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Intersidential Services Short Term Residential; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | dult Non-Residential S ses Partial Care; Adult Substance Abuse Ev n-Residential Services g Treatment; Juvenile | ervices Outpatient - Residential aluations; Juvenile Outpatient - Family; Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Kennedy, Jenna | 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 Intensive Outpatie | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Re ent Treatment; Adult Residential Services Short Term Residential; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outpati | esidential Services Ou venile Assessment Se | tpatient - Individual; ervices Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |

Other Services: Sliding Fee Scale; Hearing Impaired; Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 Outpatiel 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; Adservices Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nordividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential es Substance Abuse -Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| | Non-Treatment: Anger Management Class; Non-including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessr | rapy - Co-occurring; | Intensive Outpatient: |
| Other Services: | | | | |
| Lewis, Jackwlyn | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non-Fervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | |
| Mental Health Services: | dervices dupatient - do-decurring freatment | | | |
| | Non-Treatment: Day Reporting; Outpatient Thera Services: Electronic Monitoring; Non-Treatment: F | py - Individual-Mental Health; Outpatient Therapy - Co-occurring; Con Family Support Worker | tracted Services: Tr | acker; Contracted |
| Other Services: | | | | |
| Loberg, Katie | 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 Intensive Outpatie Abuse Evaluations; Juvenile Non-Residential Ser | sessment Services Substance Abuse Evaluations; Adult Non-Resider ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Resent Treatment; Adult Residential Services Short Term Residential; Juvices Intervention/Education; Juvenile Non-Residential Services Outpential Services Outpatient - Individual; Juvenile Non-Residential Services Outpential Services Outpential Services Outpatient - Individual; Juvenile Non-Residential Services | sidential Services O renile Assessment S atient - Groups; Juve | utpatient - Individual; ervices Substance enile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Oestreich, Rhonda | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-3020 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service | ult Non-Residential | Services Intensive |

Juvenile Non-Residential Services Intensive Outpatient Treatment

Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal | | |
| Other Services: | Therapy-Co-occurring; Assessment: Pre-Treatme | ent Assessment (Medicaid) | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res | ssessment Services Substance Abuse Evaluations; Adult Non-Re oult Non-Residential Services Outpatient - Individual; Adult Non-Resive Outpatient Treatment; Adult Residential Services Short Term idential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | esidential Services Outp Residential; Juvenile A Services Outpatient - Fa | patient - 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; Outpat; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring SE); Assessment: Psychological Evaluation; Assessment: Co-Oc | g; Assessment: Pre-Tre | |
| Other Services: | Sliding Fee Scale; | oc), Assessment. I sychological Evaluation, Assessment. 60-00 | curring | |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Outpatient - Groups; Juvenile Non-Res Juvenile Non-Residential Services Outpatient - Co-Occurring Tre | curring Treatment; Juve sidential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy: Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occ | urrina | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpat; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal SE); Assessment: Co-Occurring; Non-Treatment: Family Support | th; Assessment: Pre-Tr | eatment Assessment |
| Other Services: | | | | |
| Stahlecker, Rebecca | Cor Therapeutic Services, LLC | 1800 W. Pasewalk Ave. Ste A Norfolk NB 68701 | (402)741-0801 | (402)395-5121 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Non-Residential Services Intervention/Education; Juvenile Non-Fidividual; Juvenile Non-Residential Services Outpatient - Co-Occu | curring Treatment; Juve Residential Services Ou | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Eva | luation | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outp | atient Therapy - Youth \ | Who Sexually Harm; |

Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring; Non-Treatment: Intensive

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family;

| Name | Agency | Address | Phone | Fax |
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| | Family Preservation | | | |
| Other Services: | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juven | valuations; Adult Non-Residential Services Outpatient - Groups; sive Outpatient Treatment; Juvenile Assessment Services Subsille Non-Residential Services Outpatient - Individual | tance Abuse Evaluations; | Juvenile Non- |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm E outpatient Therapy including Group Sessions-Mental Health; Ou | | |
| | Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatmer Assessment: Juvenile Who Sexually Harm Risk | Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Ont Assessment (Medicaid); Assessment: Mental Status Exam (Medicaid) | utpatient: Intensive Outpa | tient Therapy-Youth |
| 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: | Adult Non-Residential Services Outpatient - Indiv | cation; Adult Non-Residential Services Outpatient - Groups; Ad vidual; Juvenile Non-Residential Services Intervention/Educatio atient - Family; Juvenile Non-Residential Services Outpatient - | n; Juvenile Non-Residentia | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass | essment (PTA); Pre-Treatment Assessment (bio-psychosocial) | ; Adults who Sexually Hari | m Evaluation |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Community Treatment Aide; Asse | Outpatient Therapy including Group Sessions-Mental Health; Ouessment: Pre-Treatment Assessment (Medicaid) | tpatient 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 | valuations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individential Services Intervention/Education; Juvenile Non-Residential Services | lual; Juvenile Assessment | Services Substance |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medic | aid); Non-Treatment: Family Support Worker | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment | lual; Adult Non-Residentia | Services Outpatient - |

Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential

| Name | Agency | Address | Phone | Fax | | |
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| | Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment 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; 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; Ades Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seducation; Juvenile Non-Residential Services Outpatient - Groups; Juvatient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Res rvices Substance Abu venile Non-Residentia | idential Services ise Evaluations; I Services Outpatient | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asset Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment | ent Assessment (bio-p | osychosocial); Co- | | |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; | 3 | | | | |
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave 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 | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Residenting Treatment; Adult Non-Residential Services Intensive Outpatrvices Substance Abuse Evaluations; Juvenile Non-Residential Service Non-Residential Services Outpatient - Family; Juvenile Non-Resideo-Occurring Treatment; Juvenile Non-Residential Services Intensive | esidential Services Outient Treatment; Adult ces Intervention/Educential Services Outpat | utpatient - Individual; Residential Services ation; Juvenile Non- ient - Individual; | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (M | : Intensive Outpatient | Therapy-Mental | | |
| Other Services: | Sliding Fee Scale; | | | | | |

| Name | Agency | Address | Phone | Fax | | |
|-------------------------|--|--|---------------------|------------------|--|--|
| Holeman, Krista | Brodstone Memorial Hospital | 520 E 10th St Superior NB 68978 | (402)207-1542 | (402)207-1013 | | |
| | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Sc Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - oups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile n-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; venile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| | | tpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | | t Therapy including | Family Sessions- | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | | |
| Mental Health 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 Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Fami Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential | | | | | |
| Juvenile Services: | | | | | | |
| | Bilingual Services; | | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 | | | | | |
| Juvenile Services: | Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation 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-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: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
|--|-------------------------------|--|---------------|---------------|--|
| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 | |
| 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: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations: 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 Treatment - Co | | | | | |

Residential Services Outpatient - Individual: Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Mental Health Services:

Juvenile Services:

Other Services:

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 | |
| 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 Services Outpatient - Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Serducation; 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-Resio | esidential Services buse Evaluations; dential 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; Outpatien | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| | Co-Occurring Treatment; Adult Non-Residential Services Dual Residential (MH/SA); Adult Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir | ent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Adult Non-Residential Service ential Services Short Term Residential; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurring e Non-Residential Services Partial Care; Juvenile Residential Services | ces Partial Care; Ad Substance Abuse En-Residential Servic g Treatment; Juveni | ult Residential Evaluations; Juvenile es Outpatient - Fam le Non-Residential |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance Ale Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | 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 Outpatiet t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | t Therapy including nt: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| 0.1 0 1 | , | 3 | | |

Mental Health Services:

Juvenile Services: Non-Treatment: Family Support Worker

Other Services: Bilingual Services;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | | Phone | Fax |
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| Brostad, Greg | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 So | uth Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | 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 (| nt - Family; Adult Non-Residential Ser ervices Intensive Outpatient Treatmer Juvenile Non-Residential Services Ou dividual; Juvenile Non-Residential Ser | vices Outpatient - Individual; Adı nt; Juvenile Assessment Service utpatient - Groups; Juvenile Non- rvices Outpatient - Co-Occurring | ult Non-Residential S s Substance Abuse I -Residential Services Treatment; Juvenile | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S Intensive Outpatient Therapy-Mental Health; Inter Outpatient Therapy-Co-occurring; Assessment: July 1987 - 1987 | tpatient Therapy including Group Ses exually Harm; Outpatient Therapy - E sive Outpatient: Intensive Outpatient | ssions-Mental Health; Outpatient ating Disorder; Outpatient Thera Therapy-Youth Who Sexually Ha | Therapy including Fa apy - Co-occurring; In arm; Intensive Outpa | tensive Outpatient: |
| Other Services: | | | | | |
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Bo | ox 11296 Omaha NB 68111 | (402)830-3890 | |
| | Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Outpatient Treatment; Juvenile Assessment Servi Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp | nt - Family; Adult Non-Residential Ser ces Substance Abuse Evaluations; Ju e Non-Residential Services Outpatien | vices Outpatient - Individual; Adu uvenile Non-Residential Services | ult Non-Residential S Intervention/Educat | ervices Intensive ion; Juvenile Non- |
| Mental Health Services: | N. T | | | | |
| Other Services: | Non-Treatment: Anger Management Class | | | | |
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfol | lk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatien Intervention/Education; Juvenile Non-Residential | t - Individual; Juvenile Assessment Se | ervices Substance Abuse Évalua | itions; Juvenile Non-I | |

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Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| 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 nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non-amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenial Services Intensive Outpatient Treatment | ing 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-O | ccurring | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; Community Treatment Aide; Intensinent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | ve Outpatient: Intens | ive Outpatient |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - G | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr tesidential Services Short Term Residential; Juvenile Assessment Sel stroups; Juvenile Non-Residential Services Outpatient - Family; Juvenil tpatient - Co-Occurring Treatment; Juvenile Non-Residential Services | ing Treatment; Adult rvices Substance Ab le Non-Residential S | Non-Residential use Evaluations; ervices Outpatient - |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including I | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non- Services Outpatient - Family; Juvenile Non-Residential Services Outpa | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | |
| Frank, Abigail | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | (402)336-2849 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad services Substance Abuse Evaluations; Juvenile Non-Residential Serv uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R | dult Non-Residential vices Intervention/Ed | Services Outpatient - ucation; Juvenile |

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

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

Mental Health Services: Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax | | | |
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| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-ental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 | | | |
| 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 - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Dual Residential (MH/SA); 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 Services Intensive Outpatient Treatment | | | | | | |
| Mental Health Services: | | | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | rring; Assessment: | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Gregory, Nichole | | 2170 North Platte Ave Fremont NB 68025-2630 | (402)720-1621 | (402)753-6445 | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Outpatient Treatment; Juvenile Assessment Servi | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family | dult Non-Residential Ses Intervention/Educa | Services Intensive tion; Juvenile Non- | | | |
| Mental Health Services: | | | | | | | |
| | Non-Treatment: General Education Class | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Acnt - Family; Adult Non-Residential Services Outpatient - Individual; A services Intensive Outpatient Treatment; Adult Non-Residential Servintial Services Short Term Residential; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Partial Care; Juvenile Residential Services | dult Non-Residential S ces Partial Care; Adu s Substance Abuse E n-Residential Service ng Treatment; Juvenile | Services Outpatient - It Residential valuations; Juvenile s Outpatient - Family | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| Kennedy, Jenna | 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 Intensive Outpatie | ssessment Services Substance Abuse Evaluations; Adult Non-Res ps; Adult Non-Residential Services Outpatient - Family; Adult Non- ent Treatment; Adult Residential Services Short Term Residential; vices Outpatient - Groups; Juvenile Non-Residential Services Outp | -Residential Services Ou Juvenile Assessment Se | tpatient - Individual; rvices Substance |
| Mental Health Services: | · | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Laffin, 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; as Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Resi Services Intensive Outp ation; Juvenile Non-Resi Outpatient - Family; Juv | dential Services atient Treatment; dential Services renile Non- |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co | -Occurring | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individuent Therapy including Family Sessions-Mental Health; Outpatient Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | Γherapy - Co-occurring, Ι | ntensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Lewis, Jackwlyn | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; Adult No ervices Outpatient - Family; Juvenile Non-Residential Services Ou | | |
| Mental Health Services: | , | | | |
| | Services: Electronic Monitoring; Non-Treatment: | py - Individual-Mental Health; Outpatient Therapy - Co-occurring; 0 Family Support Worker | Contracted Services: Tra | cker; Contracted |
| Other Services: | | | | |

Mental Health Services: Juvenile Services:

| Name | Agency | Add | dress | Phone | Fax |
|---------------------------|--|---|---|--|---|
| Loberg, Katie | 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 Intensive Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Residential Services - Family - | ps; Adult Non-Residential Service ent Treatment; Adult Residential S vices Intervention/Education; Juve | es Outpatient - Family; Adult Non-Re Services Short Term Residential; Juv enile Non-Residential Services Outpa | sidential Services Ou renile Assessment Se atient - Groups; Juve | ntpatient - Individual; ervices Substance nile Non-Residential |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Mackling, Jamie | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3655 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evergroups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | nt - Family; Adult Non-Residential Services Intensive Outpatient Trea Juvenile Non-Residential Service | l Services Outpatient - Individual; Ad atment; Juvenile Assessment Service es Outpatient - Groups; Juvenile Non | ult Non-Residential S es Substance Abuse -Residential Service | Services Outpatient - Evaluations; Juvenile S Outpatient - Family |
| Mental Health Services: | Ψ | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | | |
| Radtke, Paul | | 2170 N Platte Ave Fremont | NB 68025 | (402)720-7026 | |
| | Adult Assessment Services Substance Abuse Ev. Individual; Juvenile Assessment Services Substance Services Outpatient - Individual | nce Abuse Evaluations; Juvenile | | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| , | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group | Sessions-Mental Health | | |
| Other Services: | | | | | |
| Schrum, Amanda | Schrum Associates | PO Box 588 Blair NB 68008 | 3 | (402)619-9686 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve | nt - Individual; Adult Non-Residen idential Services Intervention/Edu | itial Services Intensive Outpatient Tro ication; Juvenile Non-Residential Ser | eatment; Juvenile As | sessment Services |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Juvenile Residential Services Therapeutic Community or Therapeutic Group Home | | | | | | |
|---|--|--|---------------------|---------------------|--|--|
| Name | Agency | Address | Phone | Fax | | |
| Other Services: | | | | | | |
| Slater, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - mily; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment rvices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile n-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | tpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Co-Occurring | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring; Non-Treatment: Family Support Worker; Non-Treatment: Intensive Family | | | | |
| Other Services: | | | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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- | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment | 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-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; | • | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 | | |
| 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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatm | ent Assessment (bic | -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 Th | | | | |

Treatment Assessment (Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|---------------------------------|---------------|-----|--|
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)370-3140 | | |
| Substance Abuse Services: | ce Abuse Services: Adult Emergency Services Social Detox; Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; 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 - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; | | | | |

Mental Health Services:

Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health;

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

Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring

Short Term Residential; 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;

Other Services: Sliding Fee Scale;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | | |
|---------------------------------------|--|---|---|---|--|--|
| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 | | |
| | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | | | | | |
| | | patient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | | | |
| Dearmont, Melissa | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adal Services Intervention/Education; Juvenile Non-Residential Services e Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual | lult Non-Residential Outpatient - Groups | Services Outpatient - s; Juvenile Non- | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | | | |
| Juvenile Services: | Assessment: Co-Occurring | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurring esidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juvenal Services Intensive Outpatient Treatment | ng Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring; Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu | | • | | |

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 Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

Mental Health Services:

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (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; nt - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services enile Assessment Services Substance Abuse Evaluations; Juvenile tient - Groups; Juvenile Non-Residential Services Outpatient - Fan Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services | Adult Non-Residential Dual Residential (MH, Non-Residential Servally; Juvenile Non-Resi | Services Outpatient - 'SA); Adult ices Care Monitoring dential 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 | 2002 Central Ave 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; As Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educal Services Outpatient - Groups; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatmen | - Family; Adult Non-Re Services Intensive Out ation; Juvenile Non-Re Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpati der; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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; Aduve Outpatient Treatment; Juvenile Assessment Services Substance Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalu | e Abuse Evaluations; J | uvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpat Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat : Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ent Therapy including tient: Intensive Outpati | Family Sessions- ent Therapy-Youth |

| Name | Agency | Address | Phone | Fax |
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| Stoll, Miranda | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)870-2630 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Reo-Occurring Treatment | dult Non-Residential S rices Intervention/Edu | Services Outpatient - lication; Juvenile |
| Mental Health Services: | | 3 1 1 | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including F | amily 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/MF Family; Juvenile Non-Residential Services Outpat | | dult Non-Residential S rices Intervention/Edu on-Residential Servic | Services Outpatient - lication; Juvenile |
| | | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-O | ccurring | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |

Juvenile Services:

Other Services: No Voucher Acceptance;

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Beyer, Kara | Beyer Counseling Services LLC | 1406 Veterans Drive Suite 205 Elkhorn NB 68022 | (402)707-4899 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - F | dult Non-Residentia | Services Outpatient ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Therapy - Co-occurring; Assessment: Co-Occurring; | utpatient Therapy including Family Sessions-Mental Health; Outpatier ing | nt Therapy - Eating | Disorder; Outpatient |
| 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 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C Outpatient Therapy; Pre-Treatment Assessment | | ing Treatment; Juve tial Services Outpat | nile Assessment ient - Individual; |
| 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; 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: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Juvenile You osocial); Co-Occurring; Adults who Sexually Harm Evaluation | uth Who Sexually H | arm Evaluation |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier Pre-Treatment Assessment (Medicaid); Assessment: Mental Status E | | Who Sexually Harm; |
| Other Services: | | (| (| |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider | ing Treatment; Juve | nile Assessment |

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

Mental Health Services: Crisis Phone Line; Emergency Medical Health Evaluation; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

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Mental Health Services: Juvenile Services:

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|--|
| Cornelius, Dawn | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Educationt - Family; Adult Non-Residential Services Outpatient - Individurices Substance Abuse Evaluations; Juvenile Non-Residential Sele Non-Residential Services Outpatient - Family; Juvenile Non-Resident Treatment | ual; Adult Non-Residential Services Intervention/Educat | Services Intensive tion; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| | Program; Non-Treatment: Family Partner; Non-Tr | Anger Management Class; Non-Treatment: General Education reatment: Family Support Worker | Class; Non-Treatment: Emp | oloyment Placement |
| Other Services: | Bilingual Services; | | | |
| Dirks, Tamara | Nebraska Urban Indian Health Inc | 2240 Landon Court Omaha NB 68102 | (402)346-0902 | (402)342-5290 |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - In Short Term Residential | nt - Family; Adult Non-Residential Services Outpatient - Individu Short Term Residential; Juvenile Assessment Services Substa enile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Intensive Outpatien | nce Abuse Evaluations; Juvon-Residential Services Out | venile Non- patient - Family; |
| Dotzler, Jason | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | Occurring Treatment; Adult Non-Residential Serv | ily; Adult Non-Residential Services Outpatient - Individual; Adult rices Intensive Outpatient Treatment; Juvenile Non-Residential inile Non-Residential Services Outpatient - Co-Occurring Treatm | Services Outpatient - Family | y; Juvenile Non- |
| Mental Health Services: | • | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Ou Health; Intensive Outpatient: Intensive Outpatient Therapy-Co- | | |
| Other Services: | | | | |
| Foxx, Karen | Next Step Counseling Service | 6001 North 30th Street Omaha NB 68111 | (402)312-1009 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C Non-Residential Services Outpatient - Groups; Juvenile Non-R Juvenile Non-Residential Services Outpatient - Co-Occurring T | Occurring Treatment; Juveni esidential Services Outpation | le Assessment |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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: Juvenile Non-Residential

| | I . | | Fax |
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| | | , | |
| Choices | 1654 Washington Blair NB 68008 | (402)312-1009 | |
| Family; Adult Non-Residential Services Outpatien | nt - Individual; Juvenile Assessment Services Substance Abuse Ev | aluations; Juvenile Noi | |
| | | | |
| | | | |
| | | | |
| Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Ind | Non-Residential Services Intervention/Education; Juvenile Non-Redividual; Juvenile Non-Residential Services Outpatient - Co-Occur | esidential Services Out ring Treatment | tpatient - Family; |
| | | utpatient Therapy-Mer | ital Health; Intensiv |
| | 2170 North Platte Ave Fremont NB 68025-2630 | (402)720-1621 | (402)753-6445 |
| Groups; Adult Non-Residential Services Outpatier Outpatient Treatment; Juvenile Assessment Servi Residential Services Outpatient - Groups; Juvenile | nt - Family; Adult Non-Residential Services Outpatient - Individual; ices Substance Abuse Evaluations; Juvenile Non-Residential Serv le Non-Residential Services Outpatient - Family; Juvenile Non-Res | Adult Non-Residential rices Intervention/Educ | Services Intensive ation; Juvenile Non |
| | | | |
| Non-Treatment: General Education Class | | | |
| Sliding Fee Scale; | | | |
| Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| TAFC CLAFSU CC LAGCRU NS CL | Adult Assessment Services Substance Abuse Everamily; Adult Non-Residential Services Outpatier Dutpatient - Groups; Juvenile Non-Residential Services Dutpatient - Groups; Juvenile Non-Residential Services Outpatier Services Substance Abuse Everamily; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Invenile Non-Residential Services Outpatient - Incompatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Co-occurrence Dutpatient: Intensive Outpatient Therapy-Co-occurrence Dutpatient Treatment; Juvenile Assessment Services Outpatient Treatment; Juvenile Assessment Services Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment: General Education Class Sliding Fee Scale; | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Ademily; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evolupatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occeptivices Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occeptivices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occeptivices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occupation outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Co-Occurring 2170 North Platte Ave Fremont NB 68025-2630 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Intensive Outpatient Treatment: General Education Class Sliding Fee Scale; Complete Family Treatment Services 10846 John Galt Blvd Omaha NB 68137 | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services armily; Adult Non-Residential Services Outpatient - Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Dutpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Men Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Intensive Outpatient: Intensive Outpatient Therapy-Men Outpatient: Intensive Outpatient Therapy-Co-occurring; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Individual; Adult Non-Residential Services Outpatient - Family; Individual; Adult Non-Residential Services Outpatient - Family; Individual; Individu |

Services Intensive Outpatient Treatment

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

| Name | Agency | Address | Phone | Fax |
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| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Residential Services Therapeutic Community or Therapeutic Group | ng Treatment; Juver dential Services Out g Treatment; Juveni | nile Assessment patient - Family; |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier urring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Tre | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Substance Abuse Services: | Adult Residential Services Therapeutic Communi Residential | ty; Juvenile Residential Services Halfway-House or SA Group Home; | Juvenile Residentia | l Services Short Term |
| 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; | | | |
| 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-Occurrice Assessment Services Substance Abuse Evaluations; Juvenile Non-Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Nor- | ng 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; Outpatien 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; | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient 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

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|---|
| 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, 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; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Adult - Family; Adult - Fam | dult Non-Residential es Substance Abusen- n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment | valuations; Adult Non-Residential Services Care Monitoring SA/MH; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Adult Residential Services Devenile Assessment Services Substance Abuse Evaluations; Juvenile Natient - 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; | | | |
| Konen, Michele | Transition Recovery Center Evaluations | 13302 Millard Ave Suite 104 Omaha NB 68137 | (402)813-3605 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Juvenile Assessment Ser | valuations; 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 | camily; Adult Non-Reseas Intervention/Educ | sidential Services ation; Juvenile Non- |
| Mental Health Services: | · | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kovanda, Willow | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | (402)817-4894 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Adent - Family; Adult Non-Residential Services Outpatient - Individual; Adent - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Intervention/Education; Ad | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| 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 - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-

Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient Therapy-Mental He

Therapy-Co-occurring; Assessment: Co-Occurring

Other Services: Sliding Fee Scale:

11069 I Street Omaha NB 68137 (402)290-2602 (888)507-5931 Laufenberg, James

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

Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual;

Juvenile 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; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - In

Occurring

Other Services:

2170 N Platte Ave Fremont NB 68025 (402)753-7556 Lembke, Brenda

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 - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-

Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intensive Outpatient Treatment

Mental Health Services:

Juvenile Services:

Other Services: Sliding Fee Scale:

268 N. 115th Street, Ste 1 Omaha NB 68154 (402)590-8766 (402)838-7248 Mertes, Courtney

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -

Groups: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual: Adult Non-Residential Services Outpatient -Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services 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; Juvenile Non-Residential

Services Intensive Outpatient Treatment

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

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: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health: Intensive Outpatient: Intensive Outpatient

Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Educationt - Individual; Adult Non-Residential Services Outpatient - Co-ONon-Residential Services Intervention/Education; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Oct | ccurring Treatment; Juve -Residential Services Ou | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| | | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Osler, Lisa | | 10826 Old Mill Rd Suite 103A Omaha NB 68154 | (402)881-0445 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Eva | luations | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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 | | ial; Adult Non-Residentia I Services Intervention/Ed | Services Outpatient ducation; Juvenile |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treati | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| 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/Educationt - Individual; Adult Non-Residential Services Outpatient - Co-O Non-Residential Services Intervention/Education; Juvenile Nonamily; Juvenile Non-Residential Services Outpatient - Individual: | ccurring Treatment; Juve -Residential Services Ou | nile Assessment tpatient - Groups; |
| Mental Health Services: | | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Tro | eatment Assessment (bio | -psychosocial); Co- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Out nent Assessment (Medicaid); Assessment: Mental Status Exam | | |
| Other Services: | | | | |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | (402)212-0282 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Juvices Intervention/Education; Juvenile Non-Residential Services Outplential Services Outpatient - Individual | venile Assessment S | Services Substance |
| | Outpatient Therapy; Co-Occurring | | | |
| | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Radtke, Paul | | 2170 N Platte Ave Fremont NB 68025 | (402)720-7026 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult Ince Abuse Evaluations; Juvenile Non-Residential Services Outpatient | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial) | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indi | utpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |
| 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; Adults Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Junile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-O | amily; Adult Non-Re rvices Intensive Out in; Juvenile Non-Res 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; Or (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessment | ent: Pre-Treatment A | Assessment |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Aduse Outpatient - Groups; Adult Non-Residential Services Outpatient - Fivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services - Groups; Juvenile Non-Residential Service | amily; Adult Non-Re rvices Intensive Out n; Juvenile Non-Res | sidential Services patient Treatment; sidential Services |

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensi | ve Outpatient Therapy-Co-oc | curring |
| Other Services: | | | | |
| Schrum, Amanda | Schrum Associates | PO Box 588 Blair NB 68008 | (402)619-9686 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpation Substance Abuse Evaluations; Juvenile Non-Re | valuations; Adult Non-Residential Services Intervention/Educatent - Individual; Adult Non-Residential Services Intensive Outposidential Services Intervention/Education; Juvenile Non-Residential Non-Residential Services Intersive Outpatient Treatment | atient Treatment; Juvenile Ass ential Services Outpatient - Gr | sessment Šervid |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Siemer-Daisley, 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/Educat ent - Individual; Adult Non-Residential Services Outpatient - Co e Non-Residential Services Intervention/Education; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Co | -Occurring Treatment; Juvenil on-Residential Services Outpa | e Assessment |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Ass Occurring | sessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre- | Treatment Assessment (bio-p | sychosocial); Co |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Pre-Treatment Assessment (Medicaid); Assessr | Outpatient Therapy including Family Sessions-Mental Health; C nent: Co-Occurring | outpatient Therapy - Co-occur | ring; Assessmer |
| Other Services: | , , , , | Ç | | |
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations; Juvenile Assessment Services Substance Abuse E | valuations | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; A | assessment: Co-Occurring | | |

Smith, Kaitlyn

Capstone Behavioral Health 230 E 22nd St Suite 4 Fremont NB 68025 (402)677-7442

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; 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; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring

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

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring

Other Services:

Sorensen, Rachel 2170 North Platte Ave Fremont NB 68025 (402)720-3992 (402)753-6445

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: 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 Assessment (PTA): Juvenile Co-Occurring Evaluation (C/O): Pre-Treatment Assessment (bio-psychosocial): Co-

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: Sliding Fee Scale; Bilingual Services;

Stermensky, Dr. Gage 1821 1st Ave Scottsbluff NB 69361 (417)413-0085 (308)832-4844

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 Intensive Outpatient Treatment: Juvenile Assessment Services Substance Abuse Evaluations: Juvenile Non-

Residential Services Outpatient - Groups: Juvenile Non-Residential Services Outpatient - Individual

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

1406 Veterans Drive Elkhorn NB 68022 Troia, Trisha (402)290-0543

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Adult Non-Residential Services Outpatient - Individual: Juvenile Assessment Services Substance

Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual

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

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

Other Services:

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---------------------|
| Vitera, Brianna | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring; Non-Treatment: Intensive Family P | utpatient Therapy including Family Sessions-Mental Health; Outpatie Preservation | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | | | | |
| Voss, Stephanie R | | 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 | (402)650-5250 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Co-Occurring idential Services Outpatient - Co-Occurring Treatment | Treatment; Juvenile | Assessment Services |
| Mental Health Services: | · · · · · · · · · · · · · · · · · · · | · | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |
| Williams, Ann | Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult litent - Co-Occurring Treatment; Juvenile Assessment Services Subster 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; Ou Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | | | | |
| 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-Occurrin 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); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | urring; Assessment: |

Juvenile Services: Non-Treatment: Anger Management Class

| Name | Agency | Address | Phone | Fax |
|--------------------------|---|--|---|---|
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluati Monitoring SA/MH; Juvenile Non-Residential Ser Services Outpatient - Individual; Juvenile Non-Resoutpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Note - Individual; Adult Non-Residential Services Outpatient - Co-Occur Residential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juvervices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Nor-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring Treatmen | Non-Residential Servic ring Treatment; Adult vices Short Term Res enile Non-Residential tient - Family; Juvenil | ces Outpatient - Non-Residential idential; Juvenile Services Care e Non-Residential |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | eatient Therapy - Individual-Mental Health; Outpatient Therapy includ lental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera ensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asses | apy - Co-occurring; Int | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Brostad, Greg | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| | 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; Alent - Family; Adult Non-Residential Services Outpatient - Individual; Alervices Intensive Outpatient Treatment; Juvenile Assessment Services Intensive Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Nondividual; Juvenile Non-Residential Services Outpatient - Co-Occurrications of the Adult of Services Outpatient - Co-Occurrications of the Services | Adult Non-Residential ces Substance Abuse on-Residential Service ng Treatment; Juvenil | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| | | (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evalua | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who Intensive Outpatient Therapy-Mental Health; Inte | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Eating Disorder; Outpatient The ensive Outpatient: Intensive Outpatient Therapy-Youth Who Sexually Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occ | erapy - Co-occurring; Harm; Intensive Outp | Intensive Outpatient: |
| Other Services: | | | | |
| Browning-Prince, Crystal | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68117 | (402)830-3890 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | valuations; Adult Non-Residential Services Intervention/Education; Alent - Family; Adult Non-Residential Services Outpatient - Individual; Avices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family - F | Adult Non-Residential ces Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |

| Name | Agency | Address | Phone | Fax | |
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| Other Services: | | | | | |
| Camacho, Diana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Family; Juvenile Non-Residential Services Outp | ations; Juvenile Nor | | |
| Mental Health Services: | | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker | | | | |
| Other Services: | Bilingual Services; | | | | |
| Carmichael, Kirk | Carmichael Counseling | 214 N 7th Suite 11 Norfolk NB 68701 | (402)750-1222 | (402)644-1987 | |
| Substance Abuse Services: | 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-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | ng Treatment; Juve ntial Services Outpa | nile Assessment | |
| | | (bio-psychosocial); | nt Therapy - Co-occi | urring; Assessment: | |
| Other Services: | Co-Occurring | | | | |
| Creeden, Jessica | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3373 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring | t Therapy including | Family Sessions- | |
| Other Services: | Sliding Fee Scale; | ··· - | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
|--|--|---|--|--|
| Curran, John | | 1306 N. 13th Street - Suite 100 Norfolk NB 68701 | (402)649-1535 | (402)371-8259 |
| 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-O e Non-Residential Services Outpatient - Groups; Juvenile Non-Re Juvenile Non-Residential Services Outpatient - Co-Occurring To | ccurring Treatment; Juve esidential Services Outpa | nile Assessment |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outperior (Control of Control | | |
| Other Services: | | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| | | illy; Adult Non-Residential Services Outpatient - Individual; Adult Services Outpatient - Family; Juvenile Non-Residential Services (bio-psychosocial) | | |
| | Non-Treatment: Family Support Worker | (- 1 -) | | |
| Other Services: | , | | | |
| Frank, Abigail | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | (402)336-2849 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | · · · · · · · · · · · · · · · · · · · | ual; Adult Non-Residential I Services Intervention/Ed | Services Outpatient ducation; Juvenile |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Out g; Assessment: Co-Occurring | patient Therapy including | Family Sessions- |
| Other Services. | Sliding Fee Scale; Bilingual Services; | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | valuations; Adult Non-Residential Services Intervention/Educationt - Individual; Adult Non-Residential Services Outpatient - Co-O Residential Services Dual Residential (MH/SA); Juvenile Assessr | ccurring Treatment; Adult | Non-Residential |

Mental Health Services:

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

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

Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient -

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name Agency Address Phone Fax | | Agency | Address | Phone | Fax |
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Assessment: Pre-Treatment Assessment (Medicaid)

Other Services: Sliding Fee Scale;

Gregory, Nichole 2170 North Platte Ave Fremont NB 68025-2630 (402)720-1621 (402)753-6445

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 Intensive Outpatient 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 Intensive Outpatient Treatment

Mental Health Services:

Juvenile Services: Non-Treatment: General Education Class

Other Services: Sliding Fee Scale;

Behavioral Health Specialist/Seekers of 900 W Norfolk Ave Ste 200 Norfolk NB 68701 (402)370-3140 Hergott, Mariah

Serenity

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 Intensive Outpatient Treatment; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education: Juvenile Non-Residential Services Outpatient - Family: Juvenile Non-Residential Services Outpatient - Individual:

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

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

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

Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment

(Medicaid); Assessment: Co-Occurring

Other Services: Sliding Fee Scale:

Bryan Independence Center 1640 Lake St. Lincoln NB 68501 (402)481-5392 Johnson, Jill

Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient -Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient -Co-Occurring Treatment: Adult Non-Residential Services Intensive Outpatient Treatment: Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential

Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

Mental Health Services:

Juvenile Services:

Other Services: Bilingual Services:

| Name | Agency | Address | Phone | Fax | |
|---------------------------|---|---|---|--|--|
| Jordan, Kelsey | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; Aunt - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Suvenile Non-Residential Services Outpatient - Family; Juvenile Non-Occurring Treatment | Adult Non-Residential ervices Intervention/Ed | Services Outpatient - ucation; Juvenile | |
| Mental Health Services: | | 3 | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Assessment: Co-Occurring | ient Therapy including | Family Sessions- | |
| Other Services: | | | | | |
| Kennedy, Jenna | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | | |
| | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Intensive Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual | ssessment Services Substance Abuse Evaluations; Adult Non-Resi ps; Adult Non-Residential Services Outpatient - Family; Adult Non- ent Treatment; Adult Residential Services Short Term Residential; rvices Outpatient - Groups; Juvenile Non-Residential Services Outp | Residential Services C Juvenile Assessment S | Outpatient - Individual; Services Substance | |
| Mental Health Services: | | | | | |
| | Non-Treatment: Anger Management Class | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | | |
| 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; | raluations; Adult Non-Residential Services Intervention/Education; Act - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nodividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | Adult Non-Residential vices Substance Abuse Non-Residential Service | Services Outpatient - E Evaluations; Juvenile es Outpatient - Family | |
| | | | ual Mantal Haalth: Out | ectiont Thorony | |
| Juvernie Services. | lon-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre-Treatment Assessment Medicaid); Assessment: Co-Occurring; Non-Treatment: Intensive Family Preservation | | | | |
| | (Medicaid); Assessment: Co-Occurring: Non-Treat | atment: Intensive Family Preservation | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax | | |
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| Laffin, 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; Adults Outpatient - Groups; Adult Non-Residential Services Outpatient - Frivices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Educational Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurring Tre | amily; Adult Non-Res rvices Intensive Outp on; Juvenile Non-Resi utpatient - Family; Juv | idential Services atient Treatment; dential Services venile Non- | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | utpatient Therapy; Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy ncluding Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatier outpatier outpatient Therapy-Mental Health; Day Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) | | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | | |
| Lewis, Jackwlyn | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | | | |
| Substance Abuse Services: | • • • • • • • • • • • • • • • • • • • | ily; Adult Non-Residential Services Outpatient - Individual; Adult Non- lervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | • | | |
| Mental Health Services: | · | | | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Outpatient Thera Services: Electronic Monitoring; Non-Treatment: I | py - Individual-Mental Health; Outpatient Therapy - Co-occurring; Cor Family Support Worker | tracted Services: Tra | cker; Contracted | | |
| Other Services: | | | | | | |
| Loberg, Katie | 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 Intensive Outpatie Abuse Evaluations; Juvenile Non-Residential Ser | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ips; Adult Non-Residential Services Outpatient - Family; Adult Non-Resent Treatment; Adult Residential Services Short Term Residential; Juvices Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Ind | esidential Services Ou venile Assessment Se atient - Groups; Juve | itpatient - Individual ervices Substance nile Non-Residentia | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy; Co-Occurring | | | | | |

| Name | Agency | Add | dress | Phone | Fax | |
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| Mackling, Jamie | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3655 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatiel Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - roups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - o-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile on-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; Juvenile Non-Residential ervices Intensive Outpatient Treatment | | | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | | | |
| Oestreich, Rhonda | Oasis Counseling International | 333 W Norfolk Ave Ste 201 N | Norfolk NB 68701 | (402)379-3020 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ever Groups; Adult Non-Residential Services Outpatien Outpatient Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp | nt - Family; Adult Non-Residential ices Substance Abuse Evaluation e Non-Residential Services Outpa | Services Outpatient - Individual; Ads; Juvenile Non-Residential Services | ult Non-Residential Intervention/Educa | Services Intensive tion; Juvenile Non- | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatme | ; Intensive Outpatient: Intensive O | | | | |
| Other Services: | g, | () | | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk N | IB 68701 | (402)370-3140 | (402)370-3373 | |
| Substance Abuse Services: | Adult Emergency Services Social Detox; Adult As 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 | ult Non-Residential Services Outp ive Outpatient Treatment; Adult R idential Services Outpatient - Gro | patient - Individual; Adult Non-Reside Residential Services Short Term Resi ups; Juvenile Non-Residential Servic | ntial Services Outpa dential; Juvenile As ces Outpatient - Fan | atient - Co-Occurring sessment Services nily; Juvenile Non- | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial); Co-Occurring; | Psychological Evaluation | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (MS Sliding Fee Scale; | ; Intensive Outpatient: Intensive O | Outpatient Therapy-Co-occurring; As | sessment: Pre-Trea | | |
| 2 301 V1000. | Sharing i do dodio, | | | | | |

| Name | Agency | Address | Phone | Fax | | | |
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| Stermensky, Dr. Gage | | 1821 1st Ave 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: | | 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; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatiet Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment; Co-Occurring | ent: Intensive Outpat | ient Therapy-Youth | | | |
| 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: | Adult Non-Residential Services Outpatient - Indiv | cation; Adult Non-Residential Services Outpatient - Groups; Adult Noridual; Juvenile Non-Residential Services Intervention/Education; Juventient - Family; Juvenile Non-Residential Services Outpatient - Individual | enile Non-Residentia | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse | essment (PTA); Pre-Treatment Assessment (bio-psychosocial); Adult | s who Sexually Harr | n Evaluation | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient 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 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; Juvices Intervention/Education; Juvenile Non-Residential Services Out | uvenile Assessment | Services Substance | | | |
| Mental Health Services: | Outpatient Therapy; Co-Occurring | | | | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Non-Treatment: Family Support Worker | | | | | |
| Other Services: | | | | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | | | | |
| 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-Occurring | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | | |
| Juvenile Services: | 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: | Sessions-Mental Health; Outpatient Therapy - Co Assessment (Medicaid); Assessment: Co-Occurri Sliding Fee Scale; | \mathbf{c} | | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 | | | |
| 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 Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asse Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio- | psychosocial); Co- | | | |
| Juvenile Services: | | Freatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Co-Occurring | | | | | |
| Other Services: | Sliding Fee Scale; | 3 | | | | | |
| Woslager, Tammy | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)370-3140 | | | | |
| Substance Abuse Services: | Adult Emergency Services Social Detox; Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | | | |
| Mental Health Services: | | | | | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient: Therapy-Co-occurring; Assessment: Pre-Treatment Assessment (Me | Intensive Outpatien | t Therapy-Mental | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual: Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax | | |
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| Cox, Sally Marie | South Central Behavioral Services | 724 S Burlington Ave Hastings NB 68901 | (402)463-7435 | (402)463-5686 | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Services e Non-Residential Services Outpatient - Family; Juvenile Non-Residential treatment | ult Non-Residential S s Intervention/Educa | Services Intensive tion; Juvenile Non- | | |
| Mental Health Services: | | | | | | |
| 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: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Holeman, Krista | Brodstone Memorial Hospital | 520 E 10th St Superior NB 68978 | (402)207-1542 | (402)207-1013 | | |
| 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 | • | ult Non-Residential Sices Intervention/Edu | Services Outpatient - ication; 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; Outpatient g; Assessment: Co-Occurring | Therapy including F | amily Sessions- | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | | | |

Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

Mental Health Services: Juvenile Services:

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|--|---|---------------------|--------------------|--|--|
| 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 | ns | | | |
| Mental Health Services: | Outpatient Therapy; Juvenile Pre-Treatment Asset Occurring | essment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatme | nt Assessment (bio- | psychosocial); Co- | | |
| Juvenile Services: | Therapy - Eating Disorder; Outpatient Therapy - 0 | Non-Treatment: Supervised Visitation; 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: Co-Occurring; Non-Treatment: Intensive Family Preservation | | | | |
| Other Services: | Sliding Fee Scale; | · | | | | |
| Pederson, Margaret | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (402)462-2066 | | | |
| 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 - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | | |
| Mental Health Services: | , | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | | | | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 I ive Outpatient Treatment; Juvenile Assessment Services Substance Ale Non-Residential Services Outpatient - Individual (bio-psychosocial): Co-Occurring: Adults who Sexually Harm Evaluation | buse Evaluations; J | uvenile Non- | | |
| | Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation 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-Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually 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: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult live Outpatient Treatment; Juvenile Assessment Services Substance Alle Non-Residential Services Outpatient - Individual; Juvenile Non-Res | buse Evaluations; J | uvenile Non- | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | | | | | | |
| Other 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 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Acervices Substance Abuse Evaluations; Juvenile Non-Residential SeH; Juvenile Non-Residential SeH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Intent - Individual | Adult Non-Residential rvices Intervention/Ed | 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: | | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| Substance Abuse Services: 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 | | Adult Non-Residential rvices Intervention/Ed | Services Outpatient lucation; Juvenile |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpation; Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Acervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Ro-Occurring Treatment | Adult Non-Residential rvices 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; Outpatic g; Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| Other Services: | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Aduervices Substance Abuse Evaluations; Juvenile Non-Residential Services Residential Residential Services Residential | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | | | | |
| Dearmont, Melissa | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adal Services Intervention/Education; Juvenile Non-Residential Services Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual - Individua | dult Non-Residential s Outpatient - Group | Services Outpatient - s; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Assessment: Co-Occurring | • | | |
| Other Services: | Sliding Fee Scale; | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juveal Services Intensive Outpatient Treatment | ing Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5392 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | • |

Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Short Term Residential; 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; Juvenile Non-Residential

Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Short Term Residential

Mental Health Services:

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | | | |
| Other Services: | Bilingual 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 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; Asservices Intensive Outpatient Treatment; Juvenile Assessment Servic; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Individual; Indiv | dult Non-Residentia ces Substance Abus on-Residential Servic | I Services Outpatient e Evaluations; Juveni ces Outpatient - Famil |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Outpatient Th nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess atment: Intensive Family Preservation | erapy - Co-occurring | ; Intensive Outpatien |
| Other Services: | (modicald), / loossoment. Go Goodining, Non 1160 | annone monero i anni, i recorrano | | |
| Stermensky, Dr. Gage | | 1821 1st Ave Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluat | Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatiet Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | nt Therapy including ent: Intensive Outpa | Family Sessions- tient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | Ç | | |
| Stoll, Miranda | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)870-2630 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; Acervices Substance Abuse Evaluations; Juvenile Non-Residential Services | dult Non-Residentia | Services Outpatient |

Mental Health Services:

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

Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual;

Mental Health

Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment

Other Services: Sliding Fee Scale;

Mental Health

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

| Name | Agency | Address | Phone | Fax |
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| Cornelius, Dawn | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment; Juvenile Assessment Servi Residential Services Outpatient - Groups; Juvenil Juvenile Non-Residential Services Intensive Outp | aluations; Adult Non-Residential Services Intervention/Education; Adnt - Family; Adult Non-Residential Services Outpatient - Individual; Adices Substance Abuse Evaluations; Juvenile Non-Residential Service Non-Residential Services Outpatient - Family; Juvenile Non-Residential Treatment | dult Non-Residential s Intervention/Educa | Services Intensive tion; Juvenile Non- |
| Mental Health Services: | | | | |
| | Program; Non-Treatment: Family Partner; Non-Tr | Anger Management Class; Non-Treatment: General Education Class; eatment: Family Support Worker | Non-Treatment: Em | ployment Placement |
| Other Services: | Bilingual Services; | | | |
| Foote, Samantha | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)276-1772 | |
| | Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non- ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | |
| | Outpatient Therapy; Pre-Treatment Assessment (| bio-psychosocial) | | |
| | Non-Treatment: Family Support Worker | | | |
| Other Services: | | | | |
| Grabowski, Karen | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)564-9994 | (402)562-6458 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult Re | aluations; Adult Non-Residential Services Intervention/Education; Adit - Individual; Adult Non-Residential Services Outpatient - Co-Occurriesidential Services Dual Residential (MH/SA); Juvenile Assessment Samily; Juvenile Non-Residential Services Outpatient - Individual; Juveal Services Intensive Outpatient Treatment | ing Treatment; Adult Services Substance | Non-Residential Abuse Evaluations; |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Hollister, Michelina | Blue Valley Behavioral Health | 1123 N 9th St Beatrice NB 68310 | (402)228-3386 | |
| 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; Juver ntial Services Outpat | ile Assessment |
| Mental Health Services: | | | | |

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

Other Services:

| Name | Agency | Address | Phone | Fax |
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| 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 |
| Substance Abuse Services: | 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 - Individual; Adult Non-Residential Services Outpatient - Co-Occue Assessment Services Substance Abuse Evaluations; Juvenile No Services Outpatient - Groups; Juvenile Non-Residential Services Cesidential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment - Co-Occurri | rring Treatment; Adult n-Residential Services Outpatient - Family; Juv | Non-Residential renile Non-Residentia |
| | Outpatient Therapy; Pre-Treatment Assessment | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatig; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Mental Status Exam (MSI | ; Intensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, Erika | | 822 N. Lincoln Ave. York NB 68467 | (402)532-1329 | |
| 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 Individual; Juvenile Non-Residential Services Outpatient - Co-Occurr | rring Treatment; Juver sidential Services Outp | nile Assessment |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpati | ient Therapy - Co-occu | rring; Assessment: |
| Other Services: | | | | |
| Jordan, Kelsey | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | (402)606-4693 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; And Family; Adult Non-Residential Services Outpatient - Individual; hervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services - Family; Juvenile Non-Residential Services - Family - F | Adult Non-Residential ervices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | · | - | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatig; Assessment: Co-Occurring | ent Therapy including I | Family Sessions- |
| Other Comisses | | | | |

Selected Services: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Emergency Services Medical Detox; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Interview Outpatient Treatment; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Extended Residential or SA Residential Treatment Center; Juvenile Residential Services Halfway-House or SA Group Home; Juvenile Residential Services Short Term Residential; Juvenile Residential Services Therapeutic Community or Therapeutic Group Home

> Residential Services Short Term 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

| Name | Agency | Address | Phone | Fax |
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| Kaliff, Pam | NE Correctional Center for Women | 1107 Recharge Rd York NB 68467 | (402)362-3317 | (402)362-3464 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Intensive | valuations; Adult Non-Residential Services Intervention/Education; Adult On-Residential Services Intervention/Education; Adult Outpatient Treatment; Juvenile Assessment Services Substance Abesidential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups - Gr | use Evaluations; Juv | venile Non-Residentia |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | No Voucher Acceptance; | | | |
| 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; Adınt - Individual; Adult Non-Residential Services Outpatient - Co-Occurrice Assessment Services Substance Abuse Evaluations; Juvenile Non-I Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Treatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ng Treatment; Adult Residential Services patient - Individual; J | 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; Outpatier Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr | | |
| Other Services: | | | | |
| Klein, Christy | Family Resources of Greater Nebraska | PO Box 5858 3532 W Capital Ave Grand Island NB 68802 | (308)381-7487 | (308)381-2712 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Resourcing Treatment | dult Non-Residential rices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Juvernie Nori-Residential Services Outpatient - C | co-Occurring Treatment | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess | sment (Medicaid) | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Care Monitoring SA/MH; Arent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Adult Residential Services D | dult Non-Residential | Services Outpatient - |

Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-

| Name | Agency | Address | Phone | Fax | | |
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| | Occurring Treatment; Juvenile Non-Residential S | ervices Intensive Outpatient Treatment | | | | |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment | (bio-psychosocial); Co-Occurring | | | | |
| | | Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| ewallen, Lori | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Edint - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessr Juvenile Non-Residential Services Outpatient - Groups; Judividual; Juvenile Non-Residential Services Outpatient - Chio-psychosocial): Co-Occurring | dividual; Adult Non-Residentia nent Services Substance Abus luvenile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil | | |
| | Non-Treatment: Anger Management Class; Outp | atient Therapy - Individual-Mental Health; Outpatient Thera ental Health; Outpatient Therapy - Eating Disorder; Outpat | | | | |
| Other Services: | Ç | | | | | |
| _ewis, Jackwlyn | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | | | |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; ervices Outpatient - Family; Juvenile Non-Residential Ser | | | | |
| Mental Health Services: | | | | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Outpatient Thera | ny - Individual-Mental Health: Outnatient Therany - Co-oc | curring: Contracted Services: T | | | |
| | Services: Electronic Monitoring: Non-Treatment: | | curring, Contracted Services. 1 | racker; Contracted | | |
| Other Services: | Services: Electronic Monitoring; Non-Treatment: | | curring, Contracted Services. 1 | racker; Contracted | | |
| Other Services: | | | (402)440-6496 | racker; Contracted | | |
| McNichols, Stephanie | 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 | Family Support Worker | (402)440-6496 ucation; Adult Non-Residential idividual; Adult Non-Residentia nent Services Substance Abus luvenile Non-Residential Servic | Services Outpatient - I Services Outpatient e Evaluations; Juveni es Outpatient - Famil | | |
| McNichols, Stephanie Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | Family Support Worker 4701 Van Dorn Suite B Lincoln NB 68506 aluations; Adult Non-Residential Services Intervention/Edi nt - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessr Juvenile Non-Residential Services Outpatient - Groups; J dividual; Juvenile Non-Residential Services Outpatient - C | (402)440-6496 ucation; Adult Non-Residential idividual; Adult Non-Residentia nent Services Substance Abus luvenile Non-Residential Servic | Services Outpatient - I Services Outpatient e Evaluations; Juveni es Outpatient - Famil | | |
| McNichols, Stephanie 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; Pre-Treatment Assessment | Family Support Worker 4701 Van Dorn Suite B Lincoln NB 68506 aluations; Adult Non-Residential Services Intervention/Edi nt - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessr Juvenile Non-Residential Services Outpatient - Groups; J dividual; Juvenile Non-Residential Services Outpatient - C (bio-psychosocial); Co-Occurring utpatient Therapy including Group Sessions-Mental Health | (402)440-6496 ucation; Adult Non-Residential idividual; Adult Non-Residentia nent Services Substance Abus luvenile Non-Residential Servic co-Occurring Treatment; Juven | Services Outpatient - I Services Outpatient e Evaluations; Juveni es Outpatient - Fami ile Non-Residential | | |

| Name | Agency | Address | Phone | Fax |
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| 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 Outpat Assessment Services Substance Abuse Evaluation | | ive Outpatient Treat ile Non-Residential S | ment; Juvenile Services Outpatient - |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outpatient Therapy - Eating Disorder; Outpatient Outpatient: Intensive Outpatient- Eating Disorder; (Medicaid); Assessment: Outpatient Psychiatric E | atient Therapy - Individual-Mental Health; Outpatient Therapy includin Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assivaluation; Assessment: Mental Status Exam (MSE) | erapy-Mental Health | ; Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| 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 | | lult Non-Residential ices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outpa Outpatient Therapy - Co-occurring | atient Therapy - Individual-Mental Health; Outpatient Therapy includin | g Group Sessions-M | lental Health; |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Stermensky, Dr. Gage | | 1821 1st Ave 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 | buse Evaluations; J | uvenile Non- |
| Mental Health Services: | Outpatient Therapy; Pre-Treatment Assessment (| (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation | on; Psychological Ev | aluation |
| | 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 Outpatient Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment; Co-Occurring | nt: Intensive Outpati | ent Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Virchow, Sarah | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)261-4017 | (402)261-4137 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Intervention/Education; A stient - Co-Occurring Treatment; Juvenile Assessment Services Sub enile Non-Residential Services Outpatient - Co-Occurring Treatmen | stance Abuse Evalua | |
| Mental Health Services: | , | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| Mental Health Services: Juvenile Services: | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ji Juvenile Non-Residential Services Outpatient - O Outpatient Therapy | ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Substance Abuse Evaluations; Juvenile Non-Residential Souvenile Non-Residential Services Outpatient - Family; Juvenile Non Co-Occurring Treatment | ervices Intervention/E | ducation; Juvenile |
| 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 Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C | · · · · · · · · · · · · · · · · · · · | Adult Non-Residentia ervices Intervention/E | Services Outpatient ducation; Juvenile |
| | Outpatient Therapy; Pre-Treatment Assessment | , , | | Family Cassians |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Assessment: Co-Occurring | ent Therapy including | ranning Sessions- |
| Other Services: | Sliding Fee Scale; | - | | |